

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90134 001 ****50.00

DOCUMENT # M01000001689

1. Entity Name
RACEWORKS MANAGEMENT, LLC

| | |
|--|--|
| Principal Place of Business C/O YANOWITZ LAW CENTER 800 BRICKELL AVE., STE. 550 MIAMI FL 33131 | Mailing Address C/O YANOWITZ LAW CENTER 800 BRICKELL AVE., STE. 550 MIAMI FL 33131 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 80 Biscayne Blvd Suite, Apt. #, etc. | 3. Mailing Address 80 Biscayne Blvd Suite, Apt. #, etc. |
|--|--|

| | |
|---|---|
| City & State Miami FL | City & State Miami FL |
| Zip 33132 Country USA | Zip 33132 Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 65-1138247 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | President Peter Yanowitch | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 800 Brickell Ave #100 Miami FL 33131 | | |
| <input type="checkbox"/> Delete | V. President Willy Bermello | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| | 2601 So. Bayshore Drive Miami, FL 33133 | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/20/02 **305-373-3333**
Date Daytime Phone #

CR2E083 (9/01)