2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address with all other like empor

SIGNATURE

FILED DOCUMENT # N93000004931 Mar 14, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTH FLORIDA RACING PIGEON COMBINE, INC. 03-14-2000 90041 026 ****61.25 Mailing Address Principal Place of Business 7800 NW 56TH AVE 7600 NW-56TH-AVE COCONUT CREEK FL 33073 COCONUT-CREEK FL 33073-3573 3. Mailing Address 2. Principal Place of Business 6245 NW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0436574 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street:Ad SILVERMAN, JACK 7600 NW-50TH-AVE COCONUT CREEK FL 33073 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE NAME 6248 NW 66TH WAY NAME SILVERMAN, JACK STREET ADDRESS STREET ADDRESS 7600 NW 56TH AVE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 Change ☐ Addition TITLE ☐ Delete TITLE VD NAME NAME PEREIRA, PEDRO R STREET ADDRESS STREET ADDRESS 9825S. 77TH STREET CITY-ST-7IP CITY-ST-ZIP MIAM! FL ☐ Addition SD Delete TITLE FRED MARKOWITZ 1320 N.W. 77#H COURT POMPANO BEACH, FL 33073 NAME MULLER, PETE STREET ADDRESS STREET ADDRESS :1645 S.W.-67TH COURT CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33155 Delete ☐ Addition TITLE NAME **DEUTSCHLANDEL, HARRY** STREET ADDRESS STREET ADDRESS 5351 SW 109TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33328 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

March 1,2000(954)759-3798 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR