## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 05, 2002 8:00 am Secretary of State DOCUMENT # N9300004931 08-05-2002 90005 041 \*\*\*\*61.25 SOUTH FLORIDA RACING PIGEON COMBINE, INC. Principal Place of Business Mailing Address 6248 NW 66TH WAY 6248 NW 66TH WAY PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business 3. Mailing Address 5351 S.W. 109TH AVE 5351 S. W. 1097H AVE. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For LAUDERDALE, 65-0436574 T. LAUDEK Not Applicable \$8.75 Additional 5. Certificate of Status Desired ROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVERMAN, JACK 6248 NW 66TH WAY PARKLAND FL 33067 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. I am familiar with, and accept the obligations of registered age SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing After September 13, 2002, \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** min, will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PP. 1248 N.W. 46 TH WAY ☐ Delete TITLE ☐ Change ☐ Addition PARKLAND, FL. 33067 SILVERMAN, JACK NAME STREET ADDRESS STREET ADDRESS 6248 NW 66TH WAY JACK DILVERMAN CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 DEUTSCHLANDER, HARRY Change TITLE Delete TITLE BIASUCCI, RICHARD ... 6351 S.W. 109 THAVE 3611 N LONGFELLOW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fr. LAUDELOALE, Fl. 33328 HOLLYWOOD FL 33021 Delete ☐ Addition TITLE TITI F NAME MARKOWITZ, FRED NAME STREET ADDRESS STREET ADDRESS 5320 NW 77TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33073 ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Janift Extended 12 12 12 12 12 12 12 22