2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

5351 SW 109TH AVE

FORT LAUDERDALE FL 33328

DOCUMENT # N9300004931

1. Entity Name

Principal Place of Business

FORT LAUDERDALE FL 33328

changed, or on an attachment with an address.

SIGNATURE:

5351 SW 109TH AVE

SOUTH FLORIDA RACING PIGEON COMBINE, INC.



FILED

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90026 034 ****61.25

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0436574 Applied For Not Applicable Zip:⊶ Country -Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEUTSCHLANDER, HARRY Street Address (P.O. Box Number is Not Acceptable) **5351 SW 109TH AVENUE** FORT LAUDERDALE FL 33328 City Zip Code 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 agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Change Addition SILVERMAN, JACK NAME NAME STREET ADDRESS 6248 NW 66TH WAY STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SILVERMAN, JACK NAME NAME STREET ADDRESS 6248 NW.66TH WAY STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEUTSCHLANDER, HARRY NAME NAME STREET ADDRESS 5351 SW 109TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33328 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

1-6-03

vith all other like empowered.