FILED

	IFORM BUSINE)		May 05	5, 200	3 8:0	0 am	
DOCU 1. Entity Nam RACING,				Secre 05-05-20	•	of Sta 35 ***150.0				
Principal Plac C/O BROAD 201 S. BISC MIAMI FL 33	iL - ATTN: L. BLOO #3000	M. PA								
2. Principal Place of Business / NC 3. Mailing Address					li .		LDIKI WULUI DBIII KU			
Suite, Apt.		☐ CHECK HERE IF MAKING CHANGES								
City & Stat	a Raton FL	City & State		1	4. FEIN	umber NOT A	PPLICABLE	·	pplied For ot Applicable	
334	7.8 Country	Zip	Country			icate of Status Desi		\$8.75 Add Fee Require		
	6. Name and Address of Current F	legistered Agent	Name		7. Name	and Address of N	ew Registered	i Agent		
LAKEN, (GLENN B				iny	Field				
3131 N.E. 188 STREET				Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Bend Dr.						
AVENTU	₹A FL 33180				-,				,	
غ.			City F	200	· P.	ton	F	L Zin God	498	
	named entity submits this statement for	the purpose of changing its	registered office or	registere	ed agent, c	or both, in the State	of Florida. I ar	n familiar with,	and accept	
the obligat	tions of registered agent.	70	1.01					•	ĺ	
SIGNATURE	Signature used or printed name of regivered agent a	nd title if applicable. (NOTE	: Registered Agent signate	are required	when reinstatin		DATE			
F	ILE NOW!!! FEE IS \$150.00			<u> </u>						
Afte	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9	 Election Campaig Trust Fund Contri 			May Be I to Fees	
10.	OFFICERS AND I		11.		ADDITIO	ONS/CHANGES TO	OFFICERS AN			
title Name	PSTD Laken, Glenn B	Delete	TITLE Namé	Q.	0/	A CAT I	Me.	☐ Change	☐ Addition	
STREET ADDRESS	3131 N.E. 188 STREET		STREET ADDRESS	10	679	d CRT 1 Cypre	ss Bu	nd Dr	ريم ا	
CITY-ST-ZIP	AVENTURA FL 33180		CITY-ST-ZIP	Be	مع	Raton	FL	<u> 3349</u>	8	
TITLE Name		☐ Delete	TITLE NAME					∐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS						}	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE Name		☐ Delete	TITLÉ NAME		_		-	☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP						Addition	
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Mullion	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE	<u> </u>				☐ Change	Addition	
NAME		D Delete	NAME					ogo		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP	¥		CITY-ST-ZIP							

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 607, 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.

SIGNATURE:

Date Daytime Phone #