

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90177 023 \*\*\*150.00

468145 AV

**DOCUMENT # P00000019746**

**1. Entity Name**  
**PRAG RACING, INC.**



**Principal Place of Business**  
**2012 SW 104TH AVENUE**  
**MIRAMAR FL 33025**

**Mailing Address**  
**2012 SW 104TH AVENUE**  
**MIRAMAR FL 33025**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

65-0984444

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**

**Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SMITH, LUIS R**  
**20030 NE 21ST AVE**  
**MIAMI FL 33179**

**7. Name and Address of New Registered Agent**

Name

**PABLO ANDRADE**

Street Address (P.O. Box Number is Not Acceptable)

**7250 N.W. 112th Ct.**

City

**MIAMI**

**FL**

Zip Code

**33178**

**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 agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**03/05/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PTS	<input checked="" type="checkbox"/> Delete
NAME	CASTILLO, ANGEL	
STREET ADDRESS	2012 SW 104TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, LUIS	
STREET ADDRESS	9810 N.W. 51ST LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PABLO ANDRADE	
STREET ADDRESS	7250 N.W. 112th Ct	
CITY-ST-ZIP	MIAMI - FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**03/05/03**

Date

Daytime Phone #

CR2E034 (10/02)