FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90036 003 ***150.00

DOCUMENT # P00000024445

1. Entity Name
OFFSHORE RACING CREDIT CORPORATION ✓

851497

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 S. Biscayne Blvd.	200 S. Biscayne Blvd.
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1072617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Franklin H. Caplan
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd. Suite 1000
City: Miami **FL** Zip Code: 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Chairman
NAME	Miller, Glen
STREET ADDRESS	c/o 200 S. Biscayne Blvd., #1000
CITY-ST-ZIP	Miami, FL 33131
TITLE	President
NAME	Miller, Glen
STREET ADDRESS	c/o 200 S. Biscayne Blvd., #1000
CITY-ST-ZIP	Miami, FL 33131
TITLE	Secretary
NAME	Miller, Glen
STREET ADDRESS	c/o 200 S. Biscayne Blvd., #1000
CITY-ST-ZIP	Miami, FL 33131
TITLE	Director
NAME	Miller, Glen
STREET ADDRESS	c/o 200 S. Biscayne Blvd. #1000
CITY-ST-ZIP	Miami, FL 33131
TITLE	
NAME	
STREET ADDRESS	
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DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-25-02 561-979-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #