

DOCUMENT # P00000032429

1. Entity Name

MOTORSPORTS RACING SO. FLA., INC.

Principal Place of Business

Mailing Address

3970 N.W. 132ND STREET BAY H  
OPA LOCKA FL 33054

3970 N.W. 132ND STREET BAY H  
OPA LOCKA FL 33054

2. Principal Place of Business

3. Mailing Address

3970 N.W. 132ND ST  
Suite, Apt. #, etc.

SAME  
Suite, Apt. #, etc.

BAY-H  
City & State

SAME  
City & State

OPA-LOCKA FL

SAME

Zip Country  
33054 DME

Zip Country

4. FEI Number

Applied For

650995106

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVA, EUGENIO  
3970 N.W. 132ND STREET BAY H  
OPA LOCKA FL 33054

Name

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

City

FL

Zip Code

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

E. G. Silva

JAN 02 01

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D EUGENIO  
NAME SILVA, EUGENIO  
STREET ADDRESS 3970 N.W. 132ND STREET  
CITY-ST-ZIP OPA LOCKA FL 33054 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GARCIA, VICTOR  
STREET ADDRESS 3970 N.W. 132ND STREET  
CITY-ST-ZIP OPA LOCKA FL 33054 ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SAMAROO, JEWAN  
STREET ADDRESS 3970 N.W. 132ND STREET  
CITY-ST-ZIP OPA LOCKA FL 33054 ☒ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 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

JAN 02 01

Date

305 685-9904

Daytime Phone #

CR2E034 (10/00)