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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
03-27-2001 90005 041 ***150.00

DOCUMENT # P00000050379

1. Entity Name
TL RACING CORP.

Principal Place of Business	Mailing Address
3990 NW 132 ST. BAY J OPA LOCKA FL 33054	3990 NW 132 ST. BAY J OPA LOCKA FL 33054

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	8500 S.W. 8th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 218
City & State	City & State MIAMI, FL.
Zip / Country	Zip 33144 / Country U.S.A.

4. FEI Number 65-1011106 ☐ Applied For ☐ 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
TORRES, JOSE F 1540 BLUE RD CORAL GABLES FL 33146	Name: Ulysses Vazquez Street Address (P.O. Box Number is Not Acceptable): 8500 S.W. 8th St. Suite 218 City: Miami FL Zip Code: 33144

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 _____ (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) ☐

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS TORRES, JOSE F 1540 BLUE RD CORAL GABLES FL 33146	☐ Delete	PS ULYSSES VAZQUEZ 8500 SW 8TH ST STE 218 MIAMI FL 33144	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 3/15/01 (305) 267-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #