2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P0000075087 1. Entity Name R2RACING, INC. 04-13-2001 90095 006 ***150.00 Principal Place of Business Mailing Address 4501 SW 146 CT 4501 SW 146 CT MIAMI FL 33175 MIAMI FL 33175 化线线电影机构 网络二克斯 2. Principal Place of Business 3. Mailing Address 13705 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State Applied For 65-1031399 MIAM Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rodniquez , Kodrigo RODRIGUEZ, RODRIGO Street Address (P.O. Box Number is Not Acceptable) 4501 SW 146 CT **MIAMI FL 33175** SW 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 FILE NOW!!!_FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. SALIBA, Charbel 13205 SW 139AU #10B MIAM, FL 331B6 ☐ Addition TITLE TITLE Delete SILIBA, CHARBEL C NAME NAME 4501 SW 146 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP Rodriguez, ROIAN 137055W 1374V # 108 TITLE ☐ Delete TITLE Rodriguez, Roman 13205-2W 13720 #108 MIDNI FC 33186 NAME NAME STREET ADDRESS STREET ADDRESS MIRUI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ★ Addition TITLE ☐ Delete Rodriguez Rodrigo 13205 SW 137 AU #108 Rodriguez, Rodrigo 132055W 137AU #108 NAME NAME STREET ADDRESS STREET ADDRESS MIAM, FL 33186 MAM: FL 33186 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

NG OFFICER OR DIRECTOR