


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90093 029 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000011395

1. Entity Name
CSI RACING, INC.



Principal Place of Business
 18420 NORTHWEST 78TH AVENUE
 HIALEAH, FL 33015

Mailing Address
 18420 NORTHWEST 78TH AVENUE
 HIALEAH, FL 33015

2. Principal Place of Business
5240 SW 202ND Ave

3. Mailing Address
5240 SW 202ND Ave

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

4. FEI Number
65-1083822

Applied For
 Not Applicable

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

Zip Country Zip Country
33332 USA 33332 USA

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

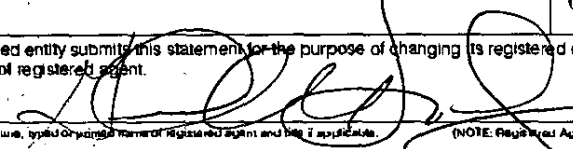
Name
Gerald W Duke Jr

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

5240 SW 202ND AVE

City ~~FL~~ **Ft. Lauderdale FL** Zip Code
33332

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:  DATE: **3-25-03**

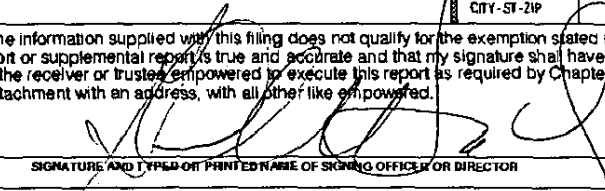
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOV 11. FEE IS \$160.00
After May 1, 2003 Fee will be \$650.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUKE, GERALD W JR 18420 NORTHWEST 78TH AVENUE HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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:  DATE: **3-25-03** (305) 471-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)