2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # P0100037759 1. Entity Name G3 RACING, INC.					04-18-20	002 90389			
Principal Plac 9129 SOUTH 1 MIAMI FL 3315	WEST 72 AVENUE #H-4	NUE #H4							
A	lace of Business 12 72nd Ave	2nd Ave		3 SOBANABY TOT ORION ATTER RETAIN PO	IIIS Co ffi dovat 1991	i (34); 1900i	3011 0 1011 1021		
Suite, Apt. #, etc. Suite H-H Suite, Apt. #, etc. Suite			4-4	DO NOT WRITE IN THIS SPACE				_	
City & State	Miami, M	City & State	FL	4.	FEI Number		V NO	oplied For ot Applicable	1
^{Zip} 331		^{zip} 33156	Country Dade	,	Certificate of Status Desired	Fe	3.75 Add e Require		
	6. Name and Address of Current F	registered Agent	Name D	1. [Name and Address of New R	edierated Wil	71 IL		1
GAETA, P. 9129 SOU	AUL C ITH WEST 72 AVENUE #H-4	70	1 <u>u1</u> ss (P.O. B	s (P.O. Box Number is Not Acceptable)					
MIAMI FL	- · · · · · · · · · · · · · · · · · · ·		9/29 3 City A 1	SW.	72nd Ave, #	H-4	Zip Cod	8001	-
· · · · · · · · · · · · · · · · · · ·		<u></u> .	7//	am	<u>t'</u>	FL		°33156	1
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office or regi	stered ag	gent, or both, in the State of Flo	orida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE: R	logistered Agent signature req	uired when re	einstating)	DATE			
_ Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	•	FEE IS \$150.00 Fee will be \$550.0 to Department of \$		10. Election Campaign Fir Trust Fund Contributio			O May Be I to Fees	
11.	Dresident OFFICERS AND I	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND D	RECTOR	S IN 11]_
THLE NAME STREET ADDRESS CITY-ST-ZIP	Paul C. Gaeta 9129 Sw 72nd A	□ Delete R # H-4 156	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	_ Addition	CR2E034 (9/01)
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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 Irustee 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:

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-09-02 305-668-435