**FILED**
**May 05, 2003 8:00 am**
**Secretary of State**
04-17-2003 90165 029 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071119

1. Entity Name
CMX motor SPORT Inc

**DO NOT WRITE IN THIS SPACE**

55037804

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | |
|---|---|---|---|
| 3538 W Flagler St | 6854 W Flagler St | 65-1123972 | ☐ Applied For ☐ Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State: Miami FL | City & State: Miami FL | | |
| Zip: 33135 Country: Dade | Zip: 33144 Country: Dade | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Angel Trochy

Street Address (P.O. Box Number is Not Acceptable): 6854 W Flagler St

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>Trochy Angel<br>13430 SW 17th Ct N.<br>Miami FL 33175 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>Pereira Julio<br>3538 W Flagler St<br>Miami FL 33135 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Angel Trochy 4-15-03 305-774-2700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #