## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am P01000097870 DOCUMENT # **Secretary of State** 1. Entity Name 04-09-2002 90738 039 \*\*\*150.00 BOB-ISE RACING, INC. RHI Racing, Inc Principal Place of Business Mailing Address G/O NICK PROSCIA G/O NICK-PROSCIA **ԾՈՈ**ԹԵՐՈ<del>Հ</del>ԵՐ 1500-SOUTH-OCEAN-DRIVE #38 1500 SOUTH OCEAN DRIVE #38 HOLLYWOOD FL 33019 HOLLYWOOD-FL 33019 2. Principal Place of Business. 5100 San Felipe 3. Mailing Address san telipe 5100 Suite, Apt. #, etc. SUITE 558 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 55E City & State Houston TX 4. FEI Number 65 - 1138716 Applied For Houston TX Not Applicable Country \$8.75 Additional 11056 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent % Nick Prosua ISE, ROBERT C/O NICK PROSCIA 1500 SOUTH OCEAN DRIVE #35 HOLLYWOOD FL-33019-TS3019 Hollywood 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President TITLE ☐ Delete TITLE se Robert ISE, ROBERT H NAME NAME 5100 san Flipe Swite SSE STREET ADDRESS G/O 1500 SOUTH OCEAN DRIVE #3B STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 of 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

SIGNATURE:

changed, or on an attachment

ROBERT H. /SE 1-/0-02 1/3-621-6827
ICER OR DIRECTOR Date Dayline Phone #