

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

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90058 022 \*\*\*150.00

DOCUMENT # PO1000105841 ✓

1. Entity Name

FT. LAUDERDALE MOTOR SPORTS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4839 SW. 148 AVE

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

Zip

33175

Country

USA

3. Mailing Address

4839 SW. 148 AVE

Suite, Apt. #, etc.

Suite 410

City & State

Miami, FL

Zip

33175

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1149499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter M. Lopez, PA.

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

2450 SW 137 AVE

#234

City

Miami

FL

Zip Code

33175

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 of registered agent and title if applicable

Peter M. Lopez

(NOTE: Registered Agent signature required when reinstating)

4/28/02  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Pres, V.P., Sec &amp; Tre.</u> <u>Ralph Sales</u> <u>4839 SW. 148 AVE, Suite 410</u> <u>FT. LAUDERDALE, FL 33330</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Asst. Sec.</u> <u>Peter M. Lopez</u> <u>2450 SW 137 Ave #234</u> <u>Miami, FL 33175</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec

4/29/02 (305) 553 8020  
Date Daytime Phone #