2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR Mar 21, 2003 8:00 am Secretary of State P93000002752 DOCUMENT # 1. Entity Name 03-21-2003 90109 014 ***150.00 JLJ RACING, INC. Principal Place of Business Mailing Address 3925 N.W. 25TH ST. 3925 N.W. 25TH ST. MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 5T 57 3930 NW 16 3930 NW 26 Suite, Apt. #, etc. Suite, Apt. #, etc. MIAWI ☐ CHECK HERE IF MAKING CHANGES MARIE City & State City & State 4. FEI Number Applied For 33142 65-0418710 3314 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANNEY ALLAN Street Address (P.O. Box Number is Not Acceptable) 3925 NORTHWEST 25TH ST. **MIAMI FL 33142** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition JANNEY, ALLAN NAME NAME 3925 N.W. 25TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33142-CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7/P

TITLE

NAME

☐ Delete

305-871-64*10*

Change

☐ Addition

FILED