

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073037

1. Entity Name

ALENCAR JR. RACING, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90007 042 \*\*\*150.00

Principal Place of Business

7536 UNIVERSAL BLVD  
ORLANDO FL 32819  
US

Mailing Address

7536 UNIVERSAL BLVD  
ORLANDO FL 32819-5100  
US

2. Principal Place of Business

9797 CAMBERLEY CR

3. Mailing Address

PNB 325 7512 Dr. Phillips Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SK SO

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32836

ORANGE

32819

ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3208128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALENCAR, OLIMPIO J  
7536 REPUBLIC DR  
SUITE 219  
ORLANDO FL 32819

Name

OLIMPIO ALENCAR JR

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

9797 CAMBERLEY CR

City

ORLANDO

FL

Zip Code

32836

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME OLIMPIO, JOSE A JR  
STREET ADDRESS 9797 CAMBERLEY CR.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
NAME ALENCAR, MARISTELA SOUS  
STREET ADDRESS 9797 CAMBERLY CR  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TS  
NAME ALENCAR, MIRELA VICTORI  
STREET ADDRESS 9797 CAMBERLEY CR  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(407) 3630721

Daytime Phone #