## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P95000055099** Mar 31, 2000 8:00 am **Secretary of State** T & F MOTOR SPORTS, INC. 03-31-2000 90082 012 \*\*\*150.00 Mailing Address Principal Place of Business 2331 N 59TH TERRACE 2331 N 59TH TERRACE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3264 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0601562 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARRECA, ANTHONY D Street Address (P.O. Box Number is Not Acceptable) 2331 N 59TH TERRACE HOLLYWOOD FL 33021 Zip Code City Fl 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition ☐ Delete TITLE TITLE BARRICA, ANTHONY D NAME STREET ADDRESS STREET ADDRESS 2331 N 59TH TERR CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL Change ☐ Addition ☐ Delete TITLE TITLE BARRECA, FRANK G NAME NAME STREET ADDRESS STREET ADDRESS 17061 N W 82ND AVE CITY-ST-ZIP CITY-ST-ZIE HIALEAH FL ☐ Change ■ Addition ☐ De'ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRENCH G. BARRECA 305-822-2392

FICER OR DIRECTOR

Date 3/25/00

Daytime Phone \*

CR2E034 (9/99)