2001 UNIFORM BUSINESS REPORT, (UBR)

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DOCUMENT # P9500063363 1. Entity Name					Apr 02, 2001 8:00 am Secretary of State			
KG RACING GREYHOUNDS, INC.					04-02-2001 90100 023 ***150.00			
Principal Place of Business Mailing Address 2641 NE 32 STREET PO BOX 39124 FORT LAUDERDALE FL 33306-1513 FT LAUDERDALE FL 33339 US .'					បបម	ମ୍ବର ହ ାଧ		
2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address 3. Walling Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN			
6276 NW 125 Ave City & State C-			4		FEI Number 65-0605516		oplied For	
330	SPRINGS, F	Zip	Country	5.		\$8.75 Add		
350	6. Name and Address of Current F	legistared Agent	<u> </u>			Fee Require	d	
GIAN	INOTTA, LOUIS		Name	G1 A	Name and Address of New Regis			
	NW (85TH STA) 585T ARAC FL 33321	•	Street	7508	Box Number is Not Acceptable)			
_			City	AMARA	<u> </u>	FL Zip Code	e 2 [
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered as	gent, or both, in the State of Florida			
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT	E: Registered Agent sign	nature required when r	einstating)	DATE		
Tax filing requirement and elects to do so. After			III FEE IS \$15 01 Fee will be ble to Departme	\$550.00	==10:=Eléction:Cempaign:Financi Trust Fund Contribution.	~ _ +	O May Be	
11	OFFICERS AND D	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICE	S AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIANNOTTA, LOUIS 7506 NW 85TH ST TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIAN 7506	NOTTA LOUIS NW58ST ARAC, FI 3333	∭ Change	□ Addition □ 00/00/00 □	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEON, PETER 3276 NW 125 AVE. CORAL SPRINGS FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEON 627	ARAC, FI 3333 PRESIDENT PETER 6 NW 125 AVE I SPRINGS FI	X Change 33076	Addition CBS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONAL OF THREE TE SOUTO	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		7 5 7 6 7 9 5 7	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		☐ Change	Addition	
13. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is to possible or the receiver or trustee amount	his filing does not qualify for rue and accurate and that n	the exemption st	tated in Section have the same	119.07(3)(i), Florida Statutes. I furt legal effect as if made under oath;	ner certify that the in that I am an officer	or director	