

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066834

1. Entity Name

GENUINE RACING COLLECTIBLES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90091 015 ***150.00

Principal Place of Business

Mailing Address

420 W. SAMPLE RD.
POMPAÑO BEACH FL 33064
US

420 E. SAMPLE RD.
POMPAÑO BEACH FL 33064-4424
US

2. Principal Place of Business

430 E Sample Rd
Suite, Apt. #, etc.

3. Mailing Address

430 E Sample Rd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Bch FL
Zip 33064 Country USA

City & State

Pompano Bch
Zip 33064 Country USA

4. FEI Number

65-0605851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PSD
NAME LUCY, STEPHEN R
STREET ADDRESS 4041 N.E. 17TH TERRACE
CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ Delete

TITLE VTD
NAME REYNOLDS, PATRICIA D
STREET ADDRESS 4041 N.E. 17TH TERRACE
CITY-ST-ZIP POMPAÑO BEACH FL 33064 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

4/28/00

954
784-3724