2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P95000085963** May 16, 2000 8:00 am Secretary of State RACING ZONE AUTO HOUSE, INC. 05-16-2000 90166 048 ***150.00 Principal Place of Business Mailing Address 10321 N. NEBRASKA AVENUE 10321 N. NEBRASKA AVENUE TAMPA FL 33612-6822 TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-3344247 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANNY LAU, YUEN CHIU Street Address (P.O. Box Number is Not Acceptable) 11309 N. 50TH ST #6 18002 RICHMOND PLACE DR. TAMPA FL 33617 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) 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. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS *** . . * **.** . . TITLE ☐ Delete DANNY LAW, YUEN CHIN DANNY LAU, YUEN CHIU NAME NAME 18002 RICHMOND PLACE DR 4326 STREET ADDRESS 11309 N. 50TH STREET, #6 STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** Change ☐ Addition Delete TITLE TITLE YUNG, WING YAN Yung, Wing yan NAME NAME 8002 RICHMOND PLACEDR #326 STREET ADDRESS STREET ADDRESS 11309 N. 50TH STREET, #6 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617 ☐ Chānge ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 19.07(3)(i), Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or director 13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental report is true and accurate and that my signature shall be of the corporation or the receiver of trustee empowered to execute this report as required by Char. da Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with