## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P95000085963 1. Entity Name RACING ZONE AUTO HOUSE, INC. 04-02-2001 90049 037 \*\*\*150.00 Principal Place of Business Mailing Address 10321 N. NEBRASKA AVENUE 10321 N. NEBRASKA AVENUE TAMPA FL 33612 TAMPA FL 33612 US US 2. Principal Place of Business Mailing Address 360 a WB DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3344247 T:1911\DA Not Applicable Country \$8.75 Additional NS 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANNY LAU, YUEN CHIU Street Address (P.O. Box Number is Not Acceptable) 18002 RICHMOND PLACE DR #326 NORMAND **TAMPA FL 33647** 8. The above named entity Ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3/23/01 SIGNATURE Signature, typed or print ed a cont and title if applicable stered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do sp. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE NAME DANNY LAU, YUEN CHIU NAME 1071 NORMANDY TRACE RD. STREET ADDRESS STREET ADDRESS 18002 RICHMOND PLACE DR #326 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL **TAMPA FL 33647** TITLE Delete TITLE NAME -YUNG: WING: YAN 720 OAKLAND HILLS CIR. FIIOY STREET ADDRESS STREET ADDRESS 18002 RICHMOND PLACE DR #326 LAKEMARY, FL 32746 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 9.07(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: