

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000055997**

1. Entity Name

**JAHODA'S GREYHOUND RACING, INC.****FILED****Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90054 015 \*\*\*150.00

Principal Place of Business

**1200 NORTH DRIVE  
MIAMI FL 33179**

Mailing Address

**P.O. BOX 694602  
MIAMI FL 33269-1602  
US**

00016236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number **65-0683362**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75**  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANT, FRITZ  
2741 CYPRESS AVE.  
MIRAMAR FL 33025**

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**  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete  
NAME **P JAHODA, SHARON**  
STREET ADDRESS **1200 NORTH DRIVE**  
CITY-ST-ZIP **MIAMI FL 33179**TITLE ☐ Change ☐  
NAME  
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00 954 1290 12