2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P97000019605 1. Entity Nama RACEWAY HOMES, INC. 05-19-2000 90752 001 ***150.00 05-19-2000 90752 002 *****8.75 Principal Place of Business Mailing Address 7270 N OAKMONT DR 7270 N OAKMONT DR ***** MIAMI FL 33015-2019 MIAMI FL 33015 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1521267 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAZAN, MIRELLA ZAYAS Street Address (P.O. Box Number is Not Acceptable) 141 NORTHEAST 3RD AVENUE 7TH FLOOR **MIAMI FL 33132** Zip Code City FL 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 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition D Delete TITLE NAME CRUZ, EMILIO III STREET ADDRESS STREET ADDRESS 141 N.E. 3RD AVE, 7TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** ☐ Change ☐ Addition TITLE ☐ Celete TITLE NAME PRIETO, JOSE F NAME STREET ADDRESS 7270 N OAKMONT DR STREET ADDRESS CITY_ST_ZIP_ CITY_ST_ZIP MIAMI-FL-33015-Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 impowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR