

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90032 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000019605**

1. Entity Name  
**RACEWAY HOMES, INC.**

Principal Place of Business  
**7270 N OAKMONT DR**  
**MIAMI FL 33015**  
**US**

Mailing Address  
**7270 N OAKMONT DR**  
**MIAMI FL 33015**  
**US**

2. Principal Place of Business  
**1**

3. Mailing Address  
**P.O. Box 65-0856**

Suite, Apt. #, etc.  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33265**

Country  
**USA**

4. FEI Number **59-1521267**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BAZAN, MIRELLA ZAYAS**  
**141 NORTHEAST 3RD AVENUE**  
**7TH FLOOR**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name  
**11377 WEST FLAGLER STREET**

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

City **MIAMI** FL Zip Code **33174**

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, EMILIO III 141 N.E. 3RD AVE, 7TH FLOOR MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIETO, JOSE F 7270 N OAKMONT DR MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	11377 West Flagler Street MIAMI FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **EMILIO CRUZ**

4/24/02 (305) 480-1799

Date Daytime Phone #

CR2E034 (9/01)