

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031309

1. Entity Name

ELISEO SALAZAR RACING, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90094 032 ***150.00

Principal Place of Business

1591 BREAKWATER TERR
HOLLYWOOD FL 33019
US

Mailing Address

1591 BREAKWATER TERRACE
HOLLYWOOD FL 33160-2885
US

2. Principal Place of Business

17555 Collins Ave, #708
Suite, Apt. #, etc.
708

3. Mailing Address

17555 Collins Ave, #708
Suite, Apt. #, etc.
708

City & State

Miami, FL 33160

Zip

Country

City & State

Miami, FL 33160

Zip

Country

4. FEI Number

65-0779889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLATSEK, HARRY D
2455 E. SUNRISE BLVD., STE. 1216
FT. LAUDERDALE FL 33304

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SALAZAR, ELISEO
CITY-ST-ZIP 1591 BREADWATER TERR
HOLLYWOOD FL 33019

TITLE ☐ Change ☐ Addition
NAME Salazar, Eliseo
STREET ADDRESS 17555 Collins Ave, #708
CITY-ST-ZIP Miami, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eliseo Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

218-2000
Date

305-792-2271
Daytime Phone #

CR2E034 (9/99)