

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90033 013 ***150.00

DOCUMENT # P97000031309

1. Entity Name
ELISEO SALAZAR RACING, INC.

Principal Place of Business

~~17555 COLLINS AVE~~
~~708~~
MIAMI FL 33160
US

Mailing Address

~~17555 COLLINS AVE~~
~~708~~
MIAMI FL 33160
US

2. Principal Place of Business

5847 Paradise Point Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Same

4. FEI Number

65-0779889

Applied For

Not Applicable

Zip

Country

33157-2632

USA

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **SALAZAR, ELISEO**
 STREET ADDRESS ~~17555 COLLINS AVE #708~~
 CITY-ST-ZIP ~~MIAMI FL 33160~~

TITLE ☐ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **5847 Paradise Point Drive**
 CITY-ST-ZIP **Miami, FL 33157-2632**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

RECHAZAR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02
 Date

786-242-7416
 Daytime Phone #

CR2E034 (9/01)