

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 13 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000079131

1. Corporation Name

NEW YORK MOTOR SPORT, CORP.
DBA SUNRISE MOTOR SPORT
1183 NORTH STATE RD. 7

Principal Place of Business

Mailing Address

SUNRISE MOTOR SPORT
1183 NORTH STATE RD. 7
HOLLYWOOD, FL. 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/99

4. FEI Number

650781249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21. SUNRISE MOTOR SPORT

Suite, Apt. #, etc.

22. City & State

23. HOLLYWOOD, FL.

24. Zip

33021

2a. Mailing Address

26. 183 north state rd. 7

Suite, Apt. #, etc.

27. City & State

28. HOLLYWOOD, FL.

29. Zip

33021

Country

30. Country

9. Name and Address of Current Registered Agent

LUIS B. JIMENEZ
8439 s.w. 5th street apt.108
Pembroke pines, FL. 33025

RANDY INFANTE
8439 s.w. 5th street apt. #204
Pembroke Pines, FL. 33025

10. Name and Address of New Registered Agent

81. Name RANDY INFANTE

82. Street Address (P.O. Box Number is Not Acceptable)
1183 NORTH STATE RD 7

83. City

Hollywood

FL

85. Zip Code
33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Luis B. Jimenez* PRES. *Randy Infante* V. PRES. 10/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CARLOS FRANCO
8407s.w.5th street apt#205
Pembroke pines, FL. 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LUIS B. JIMENEZ
8439 S.W. 5th Street Apt. 108
Pembroke Pines FL. 33025
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
RANDY INFANTE
8439 S.W. 5th Street Apt. 204
Pembroke Pines, FL. 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
Edwin Infante
8439 S.W. 5th Street Apt. 204
Pembroke Pines FL. 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
800003021768---3
10/22/99-01012-024
***550.00 ***550.00

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Randy Infante* VICE PRESIDENT 10/5/99 (954) 982-0967
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)