## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # P98000038011 Mar 04, 2000 8:00 am **Secretary of State** CROSSRACER INTERNATIONAL, INC. 03-04-2000 90042 030 \*\*\*150.00 Mailing Address Principal Place of Business 7331 NW 35TH ST 7331 NW 35TH ST MIAMI FL 33122-1268 FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0844555 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANGSTADT, OLIVER J ESQ. Street Address (P.O. Box Number is Not Acceptable) 815 PONCE DE LEON BLVD, 2ND FL CORAL GABLES FL 33134 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSD TITLE Change TITLE **PSD** □ Delete DROT DE GOURVILLE, EDUARDO NAME NAME DROT DE GOURVILLE, EDUARDO SUIPACHA 1067 PISO 2º STREET ADDRESS STREET ADDRESS AVENIDA SANTA FE 846 P.B. 1008 AAU BUENOS APRES, ARGENTINA CITY-ST-ZIP CITY-ST-ZIP 1059 BUENOS AIRES, ARGENTINA ☐ Addition Change TITLE ☐ Delete TITLE VERSCHOOR, MARIO ENRIQUE NAME NAME VERSCHOOR, MARIO ENRIQUE SUIPACHA 1067 PISO 2º STREET ADDRESS STREET ADDRESS AVENIDA SANTA FE 846 P.B. 1008 AAU BUENOS AIRES, ARGENTINA. CITY-ST-7IP CITY-ST-ZIE 1059 BUENOS AIRES, ARGENTINA ☐ Addition Change Delete TITLE TITLE NAME BELMONT, TOM NAME STREET ADDRESS STREET ADDRESS 7331 NW 35TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITI È NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing these 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 troctee empowered to effect 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR EDUA/200 SLOT DE COURVILLE

SIGNATURE: 2

1-500-7069