

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90003 023 ***150.00

DOCUMENT # P98000038933

1. Entity Name
VILLAR RACING SPORT CORP.

Principal Place of Business Mailing Address
10530 SW 185 TERR **10530 SW 185 TERR**
MIAMI FL 33157 **MIAMI FL 33157-6754**

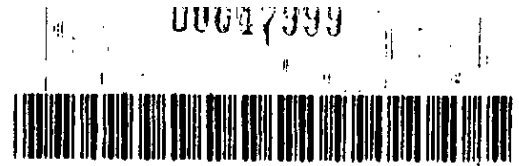
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. Name and Address of Current Registered Agent

VILLAR, MIGUEL JR
10524 S.W. 185 TERR.
MIAMI FL 33157

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0838761** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 (New and Renewal of New Registered Agent)

A. 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)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	VILLAR, MIGUEL JR	NAME	
STREET ADDRESS	8771 NW 14TH ST.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024-4720	CITY-ST-ZIP	
TITLE	PST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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STREET ADDRESS	8771 NW 14TH ST.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024-4720	CITY-ST-ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Date Daytime Phone #
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR