2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000041425 Jul 18, 2000 8:00 am 1. Entity Name KARTSPEED, INC. **Secretary of State** 07-18-2000 90011 038 ***158.75 Mailing Address Principal Place of Business 4479 SW 75 ASVE 4479 SW 75 ASVE MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0834275 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENIS, CARL P Street Address (P.O. Box Number is Not Acceptable) 12328 S.W. 94TH TERR MIAMI FL 33186 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TIT! F DENIS, CARL P NAME NAME STREET ADDRESS 12328 S.W. 94TH TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-7/P ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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:

SICKAYURE REQUIRED

7/12/00

305-265-3252

Daytime Phone #



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July 12, 2000

2000 Uniform Business Report Florida Department of State Division of Corporation P.O. Box 6327 Tallahassee, Florida 32314

To whom it may concern:

We just received the second notice of the Uniform Business Report. We did not however receive your first notice and therefore we were unaware of the filing date deadline.

Enclosed please find a check for the full amount due you. We hope this will rectify the situation. We apologize for this misunderstanding.

Should you require additional information or have any questions, please do not hesitate to contact me at 305-265-3232.

Sincerely,

Carl Philippe Denis Kartspeed, Inc.

FEI#: 65083-4275

Enclosure