

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91275 019 \*\*\*150.00

**DOCUMENT # P98000042834**

1. Entity Name  
**MOTORSPORT 1 CORPORATION**

Principal Place of Business  
**4544 NE 11 AVE**  
**FORT LAUDERDALE FL 33334**  
**US**

Mailing Address  
**4544 NE 11 AVE**  
**FORT LAUDERDALE FL 33334**  
**US**

2. Principal Place of Business  
**370 S. DIXIE HWY**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**CORAL GABLES FLA.**

City & State

Zip  
**33133**

Country  
**USA**

Zip

Country

4. FEI Number **65-0835562**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.**  
**MIAMI CENTER**  
**201 SOUTH BISCAYNE BLVD., SUITE 3000**  
**MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

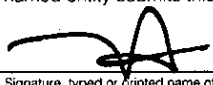
Name  
**NA**

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>KNOWLES, PATRICK</b>			
	<b>5722 SOUTH FLAMINGO RD., SUITE 167</b>			
	<b>FORT LAUDERDALE FL 33330</b>			

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (10/00)