2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 08, 2000 8:00 am Secretary of State DOCUMENT # P99000026689 1. Entity Name BADEST APPLE RACING, INC. 08-08-2000 90004 023 ***550.00 Principal Place of Business Mailing Address 3130 NE 190TH ST. SUITE 205 3130 NE 190TH ST. SUITE 205 AVENTURA FL 33180 AVENTURA FL 33180 3. Mailing Address 2. Principal Place of Business 2325 Biscapue Bay Drive 2325 BISCAUNE DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For North Miami Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FURSHMAN, MICHAEL A ESQ Street Address (P.O. Box Number is Not Acceptable) 1700 ALFRED I. DUPONT BUILDING 169 E FLAGLER ST **MIAMI FL 33131** 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: ______ 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. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, PSTD **PSTD** Change . Addition TITLE Delete TITLE FURSHMAN, BRETT L FURSHMAN, BRETT L NAME NAME 2325 BiblayNe Bay Drive 3130 NE 190TH ST. SUITE 205 STREET ADDRESS STREET ADDRESS FIORIDA 33181 CITY-ST-ZIF CITY-ST-ZIP **AVENTURA FL 33180** NORTH MIAMI, Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

THE PSIRE PSIRETULES ITUISHMAN

7/28/00

305-796-8463

Daytime Phone #