## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

MENATURE A

## FILED Mar 19, 2001 8:00 am **POCUMENT # P99000040286 Secretary of State** 1. Entity Name COHIBA MOTORSPORT INC. 03-19-2001 90033 039 \*\*\*150.00 Principal Place of Business Mailing Address 11337 N.W. 7TH AVENUE 11337 N.W. 7TH AVENUE MIAMI FL 33168 MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0916414 Not Applicable Zip 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 Name FROMETA, HERMINIO Street Address (P.O. Box Number is Not Acceptable) 11337 N.W. 7TH AVENUE **MIAMI FL 33168** 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable @ Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE FROMETA, HERMINIO NAME NAME STREET ADDRESS 8600 SW 149TH AVENUE #607 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33193 ☐ Delete ☐ Change Addition TITLE TITLE RIVAS, DOLORES NAME NAME STREET ADDRESS 8600 SW 149TH AVENUE #607 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP TITLE · Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change □ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY\_ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under eath, that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supple port is true and accurate of the corporation or the receiver empowered to execut changed, or on an attachment with lerminio trometa