

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90887 036 ***150.00

DOCUMENT # *P99000040286*
1. Entity Name
Cohiba Motorsport Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5800 NW 27 Ave.
Suite, Apt. #, etc.

3. Mailing Address
5800 NW 27 Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl.

City & State
Miami, Fl.

Zip
33142 Country
Miami-Dade

Zip
33142 Country
Miami-Dade

4. FEI Number
65-0916414

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Frometa, Herminio

Street Address (P.O. Box Number is Not Acceptable)
8600 SW 149 Ave, # 607

City
Miami FL Zip Code
33193

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]* (NOTE: Registered Agent signature required when reinstating)

DATE *4-30-02*

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>President Frometa, Herminio 8600 SW 149 Ave. # 607 Miami, Fl. 33193</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *Herminio Frometa, Rd. 4-30-02 305-638-5155*
Date Daytime Phone #

CR2E034B (12/01)