2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2000 8:00 am Secretary of State DOCUMENT # **P99000065549** 1. Entity Name R&D RACING COLLECTABLES, INC. 05-24-2000 90152 010 ***150.00 Principal Place of Business Mailing Address 2617 S. FEDERAL HWY. 2617 S. FEDERAL HWY. **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435-7725 LUUYUUJ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-09655 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 Name MUMAW, DOROTHY L Street Address (P.O. Box Number is Not Acceptable) 13311 59TH PLACE NORTH ROYAL PALM BEACH FL 33411 Zip Code Fl 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE President ☐ Change ★ Addition NAME mumaw NAME DO LOTAN STREET ADDRESS STREET ADDRESS Place Vlace NOUN CITY-ST-ZIP CITY-ST-ZIP 1, ce Prasiden TITLE TITLE VICE PRESIDENT NAME NAME RON D. MUMEN STREET ADDRESS STREET ADDRESS Scrah Place CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

SIGNATURE: WINTED Muman

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4-15-190

Oren ...

☐ Change

☐ Addition