

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90015 013 ****50.00

UBR 4368

DOCUMENT # M01000001688

1. Entity Name

RACEWORKS, LLC



Principal Place of Business

Mailing Address

**80 BISCAYNE BLVD.
MIAMI FL 33132**

**80 BISCAYNE BLVD.
MIAMI FL 33132**

2. Principal Place of Business

232 Andalusia Avenue

3. Mailing Address

232 Andalusia Avenue

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

Suite 360

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Zip

33134

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1138259**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** Delete
NAME **YANOWITCH, PETER**
STREET ADDRESS **800 BRICKELL AVENUE #100**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **President** Change Addition
NAME **Carlos M. Martinez**
STREET ADDRESS **232 Andalusia Avenue, Suite 360**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **V** Delete
NAME **BERMELLO, WILLY**
STREET ADDRESS **2601 SO. BAYSHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Carlos M. Martinez 4/30/03 305-533-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)