2001 UNIFORM BUSINESS REPORT (UBR)

Jul 06, 2001 8:00 am Secretary of State P97000092731 **DOCUMENT #** 1. Entity Name 07-06-2001 90199 010 ***550 00 P3 RACING USA, INC. Principal Place of Business Mailing Address 6400 W. 20TH AVE. 6400 W. 20TH AVE. HIALEAH FL 33016 HIALEAH FL 33016 HS UŜ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4, FEI Number Applied For City & State 65-0790580 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HETTEL, GERALD R Street Address (P.O. Box Number is Not Acceptable) 11744 SW 53 CT. COOPER CITY FL 33330 Zip Code Fl 8. The above named entity submit this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable 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 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (5/01)☐ Change ☐ Addition TITLE Delete TITLE HETTEL, GERALD R NAME NAME CR2E034 11744 SW 53 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33330 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F SANDOVAL, TODD A NAME NAME STREET ADDRESS 14725 BALGOWAN RD 4/205 STREET ADDRESS CITY-ST-ZIP MAIMI LAKES FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE '[**]"Change' Addition NAME ANDERSON, WILLIAM NAME STREET ADDRESS 9470 SW 81 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME 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-ZIP

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 exempte 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 attachmer

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