NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90102 009 ****70.00

DOCUMENT # 769156

1. Entity Name

BLUE KNIGHTS MOTORCYCLE CLUB FLORIDA CHAPTER IV

DO NOT WRITE IN THIS SPACE

B0050442

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2. Principal Place of Business	3. Mailing Address
14021 SW 37 COURT	14021 SW 37 COURT
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: DAVIE FL	City & State: DAVIE FL
Zip: 33330 Country: USA	Zip: 33330 Country: USA

4. FEI Number: 65-0032375 ☐ 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: RAMIREZ, ALEXANDER

Street Address (P.O. Box Number is Not Acceptable): 14021 SW 37 COURT

City: DAVIE FL Zip Code: 33330

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) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	RAMIREZ, ALEXANDER	NAME	
STREET ADDRESS	14021 SW 37 COURT	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	SLICHTER, RICHARD	NAME	
STREET ADDRESS	5621 HANCOCK ROAD	STREET ADDRESS	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33330	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	DOMINGUEZ, DOMINGO	NAME	
STREET ADDRESS	19931 KINGSTON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE	T	TITLE	
NAME	SOLEN, WILLIAM	NAME	
STREET ADDRESS	8270 SW 205 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BAMBACH, DENNIS	NAME	
STREET ADDRESS	2201 NW 82 WAY	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	BOGOLUB, WILLIAM	NAME	
STREET ADDRESS	7455 SW 122 STREET	STREET ADDRESS	
CITY-ST-ZIP	PINECREST FL 33156	CITY-ST-ZIP	

CR2E037B (12/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: WS Solen WILLIAM SOLEN, TREASURER 03/12/02 954 364-4935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DOC#769156

B0050442

ATTACHMENT

DOCUMENT #769156

BLOCK 10

D
Fraley, John
546 Patio Village Way
Weston, FL 33326

3/12/02