FILED

## 2003 FOR PROFIT CORPORATION

## May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P93000087578 **DOCUMENT #** 05-01-2003 90782 039 \*\*\*150.00 1. Entity Name MOTORCYCLE OUTLET, INC. Principal Place of Business Mailing Address 2751 S OCEAN DRIVE #301 NORTH 4401 NW 9 AVE FORT LAUDERDALE FL 33309 HOLLYWOOD FL 33019 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 65-0459369 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JASPAN, MARCIO Street Address (P.O. Box Number is Not Acceptable) 800 NW 110TH LN CORAL SPRINGS FL 33071 City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition JASPAN, SALOMAO NAME STREET ADDRESS **800 NW 110TH LANE** STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change JASPAN, FANIA R.G., NAME NAME STREET ADDRESS **800 NW 110TH LANE** STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition Delete TITLE JASPAN, MARCIO NAME NAME 800 NW 110TH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33074** CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete 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 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality 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 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #