

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023667

1. Entity Name

AMERICAN VICTORY MOTORCYCLES, INC.

FILED

00 OCT -2 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

5320 S.W. 20TH STREET  
PLANTATION FL 33317

Mailing Address

5320 S.W. 20TH STREET  
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

7809 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FLORIDA

Zip

Country

Zip

Country

33351

BROWARD

REINSTATEMENT

4. FEI Number

65-0903530

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LOOMAR, L. GREGORY ESQ.~~

~~1152 NORTH UNIVERSITY DRIVE~~

~~PEMBROKE PINES FL 33024~~

Name

GEORGE L. GOBER

Street Address (P.O. Box Number is Not Acceptable)

7809 W. COMMERCIAL BLVD.

City

TAMARAC

FL

Zip Code

33351

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]*

(NOTE: Registered Agent signature required when reinstating)

9/28/00

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P.  
VARONA, PEDRO A  
5320 S.W. 20TH STREET  
PLANTATION FL 33317

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VP. VARONA, BEVERLY  
5320 S.W. 20TH STREET  
PLANTATION, FL 33317  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3000003420003-7  
10/10/00-01011-022  
\*\*\*\*750.00 \*\*\*\*750.00  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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 execute 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 attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00  
VICE PRESIDENT

Date

Daytime Phone #

951-792-8829

KE