## 2003 FOR PROFIT CORPORATION

## Jan 27, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR **Secretary of State** DOCUMENT # F77456 01-27-2003 90523 003 \*\*\*150.00 1. Entity Name ROADGARD MOTOR CLUB, INC. Principal Place of Business Mailing Address JUULLIGUE 11222 QUAIL ROOST DRIVE 11222 QUAIL ROOST DRIVE MIAMI FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2192619 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Addition TITLE NAME LAMNIN, ADAM NAME STREET ADDRESS 11222 QUAIL ROOST DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME CASTELO, ENRIQUE L. STREET ADDRESS STREET ADDRESS 11222 QUAIL ROOST DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE TITLE Change Addition NAME NAME HEGGEN, ART STREET ADDRESS STREET ADDRESS 11222 QUAIL ROOST DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE CAMACHO, PHILIP BRUCE NAME NAME STREET ADDRESS 11222 QUAIL ROOST DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 TITLE Change TITLE ☐ Delete Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEGIFIE Enrique L. Castelo

1/17/03

Daytime Phone #

**FILED**