

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90270 049 ****50.00

DOCUMENT # L01000004834

1. Entity Name

~~V-CYCLE DISTRIBUTOR, L.L.C.~~ CHANGE NAME

SANTIAGO CHOPPER LLC

Principal Place of Business

434 E. BRANDON BLVD.
 BRANDON FL 33511

Mailing Address

434 E. BRANDON BLVD.
 BRANDON FL 33511

2. Principal Place of Business

10935 SONORA DR

Suite, Apt. #, etc.

3. Mailing Address

10935 SONORA DR

Suite, Apt. #, etc.

City & State

GIBSONTON

City & State

GIBSONTON

Zip

33534

Country

USA

Zip

33534

Country

USA

4. FEI Number

19-3708240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CHRISTINE BERNARD

(NOTE: Registered Agent Signature required when reinstating)

04/30/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME BERNARD, ALAIN F
 STREET ADDRESS 434 E. BRANDON BLVD.
 CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE MGR
 NAME BERNARD, CHRISTINE B
 STREET ADDRESS 434 E. BRANDON BLVD.
 CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
 NAME BERNARD ALAIN F.
 STREET ADDRESS 10935 SONORA DR
 CITY-ST-ZIP GIBSONTON FL 33534 ☒ Change ☐ Addition

TITLE MGR
 NAME BERNARD, CHRISTINE B.
 STREET ADDRESS 10935 SONORA DR
 CITY-ST-ZIP GIBSONTON FL 33534 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

CHRISTINE BERNARD

04/30/02 813671 9097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)