

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90108 003 ****50.00

DOCUMENT # L02000010497

1. Entity Name

CUSTOM BIKES OF LAUDERDALE, LLC



Principal Place of Business

**1201 EAST SUNRISE BLVD.
SUNRISE FL 33304**

Mailing Address

**1201 EAST SUNRISE BLVD.
SUNRISE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3053195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBS, ERIC A ESQ.
GRISALES & JACOBS, LLP
12550 BISCAYNE BLVD., STE. 405
NORTH MIAMI FL 33181**

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J-BRADLEY O'HARA <input type="checkbox"/> Delete 1201 E-Sunrise Blvd. FT. Land. FL. 33304. President/Dir
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN WISELEY <input type="checkbox"/> Delete 1201 E-Sunrise Blvd. FT. Lauderdale FL 33304 V.P./Sec/Dir.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAWN O'HARA <input type="checkbox"/> Delete 1201 E-Sunrise Blvd. FT. Lauderdale FL 33304 Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFF O'HARA <input type="checkbox"/> Delete 1201 E-Sunrise Blvd. FT. Lauderdale FL 33304 Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

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

Date

Daytime Phone #

1/7/03 (954) 7793669

CR2E083 (10/02)