

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90158 002 ****61.25

DOCUMENT # NO1000006655

1. Entity Name

DIRTY SOUTH RIDERS MOTORCYCLE CLUB INC.



Principal Place of Business

**1830 N.W. 187 ST.
MIAMI FL 33056**

Mailing Address

**1830 N.W. 187 ST.
MIAMI FL 33056**

2. Principal Place of Business

P.O. Box 540326

3. Mailing Address

P.O. Box 540326

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

OPA LOCKA, FL

City & State

OPA LOCKA, FL

4. FEI Number **NOT APPLICABLE**

03 06 78 500

Applied For

Not Applicable

Zip

33054

Country

U.S.A

Zip

33054

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VASSELL, PATRICK
1830 N.W. 187 ST.
MIAMI FL 33056**

7. Name and Address of New Registered Agent

PATRICK VASSELL
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

Patrick Vassell

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

(NOTE: Registered Agent signature required when reinstating)

02/20/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	VASSEL, PATRICK	
STREET ADDRESS	1830 NW 287 CT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VASSEL, CONRAD	
STREET ADDRESS	16921 NW 24 AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONEY, LIONEL	
STREET ADDRESS	3920 NW 195ST	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASSELL, PATRICK	
STREET ADDRESS	P.O. Box # 540326	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASSELL, CONRAD	
STREET ADDRESS	P.O. Box # 540326	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONEY, LIONEL	
STREET ADDRESS	P.O. Box # 540326	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCINA PARKS	
STREET ADDRESS	P.O. Box # 540326	
CITY-ST-ZIP	OPA-LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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

SIGNATURE:

Conrad Vassell, President

02/20/03

786-891-3394