2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700006430 FREEDOM MOTORCYCLE CLUB, INC. Mailing Address Principal Place of Business 4641 E. 10TH AVE. 4641 E. 10TH AVE. HIALEAH FL 33013-2103 HIALEAH FL 33013 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Ζiρ Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

FAJARDO, LUIS JR

HIALEAH FL 33018

CASAL, CARY

MIAMI FL 33155

ORTIZ, OLIDEN

4641 E. 10TH AVE.

HIALEAH FL 33013

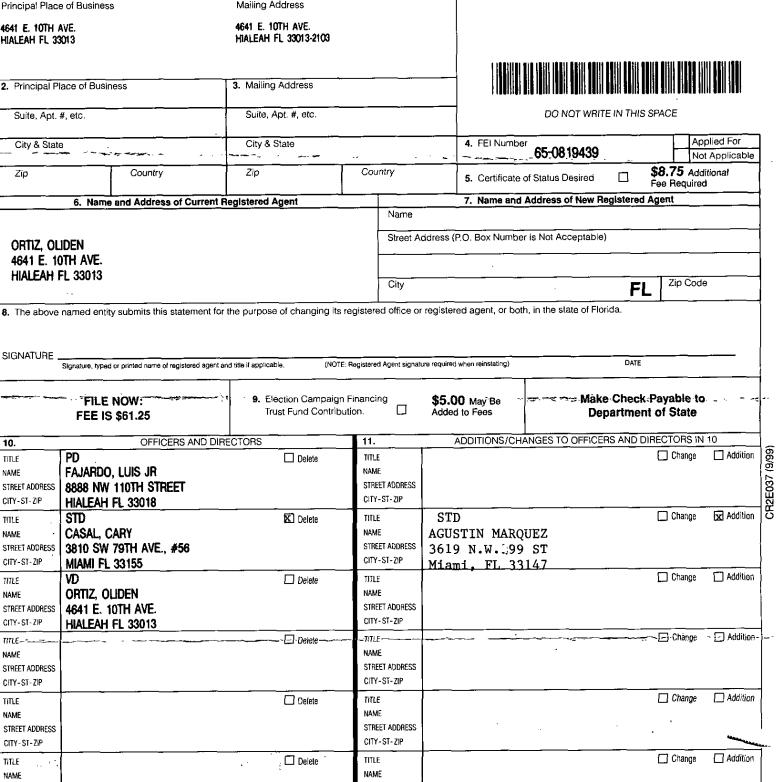
STD

8888 NW 110TH STREET

3810 SW 79TH AVE., #56

FILED Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90049 048 ****61.25



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 supplier and 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 port 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver changed, or on an attachment w with all other like empowered

CITY-ST-ZIP

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Trust Fund Contribution.

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SIGNATURE:X

ORTIZ, OLIDEN 4641 E. 10TH AVE. HIALEAH FL 33013

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

President

(305)687-5883