

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006430

1. Entity Name

FREEDOM MOTORCYCLE CLUB, INC.

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

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

Principal Place of Business

Mailing Address

4641 E. 10TH AVE.  
HIALEAH FL 33013

4641 E. 10TH AVE.  
HIALEAH FL 33013-2103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0819439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FAJARDO, LUIS JR  
STREET ADDRESS 8888 NW 110TH STREET  
CITY-ST-ZIP HIALEAH FL 33018 ☐ Delete

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

TITLE STD  
NAME CASAL, CARY  
STREET ADDRESS 3810 SW 79TH AVE., #56  
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE STD  
NAME AGUSTIN MARQUEZ  
STREET ADDRESS 3619 N.W. 299 ST  
CITY-ST-ZIP Miami, FL 33147 ☐ Change ☒ Addition

TITLE VD  
NAME ORTIZ, OLIDEN  
STREET ADDRESS 4641 E. 10TH AVE.  
CITY-ST-ZIP HIALEAH FL 33013 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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: X

**SIGNATURE REQUIRED**

President

4700

(305) 687-5883

Date

Daytime Phone #

CR2E037 (9/99)