

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00600033225**

1. Entity Name

U RIDE MOTORS OF FLORIDA INC

Principal Place of Business

Mailing Address

2160 N.W. 79 STREET
MIAMI, FLORIDA, 33147

2. Principal Place of Business

2160 N.W. 79 St

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-0995088

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

UTRERA & SPIEGEL
MIAMI FLORIDA

7. Name and Address of New Registered Agent

Name

FERNANDO GUTIERREZ

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

1410 N.W. 79 STREET

City

MIAMI

FL

Zip Code

33147

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES	☐ Delete
NAME	F LONGMAN	
STREET ADDRESS	2160 N.W. 79 ST	
CITY-ST-ZIP	MIAMI, FL 33147	
TITLE	VICE PRES	☐ Delete
NAME	C. LECHADO	
STREET ADDRESS	2160 N.W. 79 St, Mia Fl 331	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90008 020 ***550.00

C0072681

CR2034 (11/00)