

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000033225

1. Entity Name  
U RIDE MOTORS OF FLORIDA, INC.



FILED

03 JAN -9 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2160 NW 79TH STREET  
MIAMI FL 33147  
US

Mailing Address  
2160 NW 79TH STREET  
MIAMI FL 33147  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0995088

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECHADO, CONCEPCION  
2160 NW 79TH STREET  
MIAMI FL 33147

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME LONGMAN, FITZ  
STREET ADDRESS 2160 NW 79 STREET  
CITY-ST-ZIP MIAMI FL 33147

TITLE ☐ Change ☐ Addition  
NAME 900010437459  
STREET ADDRESS 01/23/03--01004--011 \*\*150.00  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME LECHADO, CONCEPCION  
STREET ADDRESS 2160 NW 79 STREET  
CITY-ST-ZIP MIAMI FL 33147

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 607, 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-0803. (305) 696-4695

Date

Daytime Phone

CR2E034 (10/02)

Charter Number Only

VALIDATION ONLY

Requestor's Name  
Address  
City State ZIP Phone

CORPORATION(S) NAME

U Ride Motors of  
Florida, Inc

- ☐ Profit ☐ NonProfit ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Certified Copy ☐ Call When Ready ☒ Walk In
- ☐ Amendment ☐ Dissolution ☐ Annual Report ☐ Reservation ☐ Photo Copies ☐ Call If Problem ☐ Will Wait
- ☐ Merger ☐ Mark ☒ Other ☐ Change of Registered Agent ☐ Certificate Under Seal ☐ After 4:30 ☒ Pick Up ☐ Mail Out

RECEIVED  
08 JAN -9 AM 9:46  
DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier