

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90098 007 ***158.75

DOCUMENT # P00000035576

1. Entity Name

THE MOTORCYCLE SALES CO., INC.

Principal Place of Business

**1110 W. OAKLAND PARK BLVD.
 WILTON MANORS FL 33311**

Mailing Address

**135 ROSE BRIAR DRIVE
 LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1016066

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

MATTI, CHRISTOPH A

**1100 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE FL 33301**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MATTI, CHRISTOPH A**
 STREET ADDRESS **2910 N.E. 15TH TERRACE**
 CITY-ST-ZIP **OAKLAND PARK FL 33334-4410**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **HENLEY, SIMON E**
 STREET ADDRESS **5629 PALMWOOD DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **SULLIVAN, BARBARA A**
 STREET ADDRESS **135 ROSE BRIAR DRIVE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
 NAME **Silvia Fernandez**
 STREET ADDRESS **2910 N.E. 15th Terrace**
 CITY-ST-ZIP **Oakland Park, FL 33334**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

Barbara A. Sullivan Sec Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
 Date

407-834-7384
 Daytime Phone #

CR2E034 (9/01)