

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039443

1. Entity Name

DRAGON MOTORCYCLES INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 12:37

Principal Place of Business

2037 SW 31 AVE
PEMBROKE PINES FL 33009

Mailing Address

2037 SW 31 AVE
PEMBROKE PINES FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1847 SW 31 Avenue

3. Mailing Address

18870 N.W. 19 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-1010700

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CARLOS
18870 NW 19 ST
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME RODRIGUEZ, CARLOS
STREET ADDRESS 18870 NW 19 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D
NAME ALFONZO, ARIEL
STREET ADDRESS 2518 SW 17 AVE
CITY-ST-ZIP MIRAMAR FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004627293--3
-10/08/01--01077--007
****750.00 ****750.00

TITLE
NAME
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CITY-ST-ZIP

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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)(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 addressee, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Rodriguez
(President)

9/20/01

954-894-8668

Date

Daytime Phone #

CR2E034 (5/01)