

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90048 024 ***150.00

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DOCUMENT # P00000039443

1. Entity Name

DRAGON MOTORCYCLES INC.

Principal Place of Business

1847 S.W. 31ST AVENUE
 PEMBROKE PINES FL 33009

PEMBROKE PARK

Mailing Address

18870 N.W. 19TH ST
 PEMBROKE PINES FL 33029

2. Principal Place of Business

1847 SW 31 Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PARK FL

City & State

Zip

33009

Country

FLORIDA

Country

4. FEI Number

65-1010700

Applied For

☒ Not Applicable

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 \$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

TITLE **D** ☐ Delete
 NAME **RODRIGUEZ, CARLOS**
 STREET ADDRESS **18870 NW 19 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **D** ☐ Delete
 NAME **ALFONZO, ARIEL**
 STREET ADDRESS **2518 SW 17 AVE PO Box 2132**
 CITY-ST-ZIP **MIRAMAR FL 33029 Hallandale, FL 33008-2132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 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 **PO Box 2132**
 CITY-ST-ZIP **HALLENDALE, FL 33008-2132**

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

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

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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)(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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS Rodriguez

Date

Daytime Phone #

1/18/02 954-894-8664

CR2E034 (9/01)