

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90119 013 ***150.00

DOCUMENT # P00000039443

1. Entity Name
DRAGON MOTORCYCLES INC.



Principal Place of Business
1847 S.W. 31ST AVENUE
PEMBROKE PARK FL 33009

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

2. Principal Place of Business

6546 Pembroke Rd
Suite, Apt. #, etc.
PEMBROKE ROAD FL

3. Mailing Address

6546 Pembroke Rd.
Suite, Apt. #, etc.
PEMBROKE ROAD, FL.

City & State
MIRAMAR, FL

City & State
MIRAMAR FL

Zip
33023

Country
USA

Zip
33023

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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. 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **D** ☒ Delete
NAME **ALFONZO, ARIEL**
STREET ADDRESS **PO BOX 2132**
CITY-ST-ZIP **HALLENDALE FL 33008-2132**

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

TITLE ☐ Delete
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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

Carlos A. Rodriguez 1-1-03

Date

Daytime Phone #

CR2E034 (10/02)