

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91236 046 \*\*\*150.00

DOCUMENT # P000000 59864

1. Entity Name

CYCLONE MOTORBIKE COMPANY, INC ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1975 STIRLING ROAD

Suite, Apt. #, etc.

(NORTH BAY)

City & State

DANIA BEACH

3. Mailing Address

1975 STIRLING ROAD

Suite, Apt. #, etc.

NORTH BAY

City & State

DANIA BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number

651024987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

33004

Country

BROWARD

Zip

33004

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

HENRY G. SLAUGHTER

Street Address (P.O. Box Number is Not Acceptable)

1975 STIRLING ROAD

City

DANIA BEACH

FL

Zip Code

33004

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	P/S MARK WIENER 1975 STIRLING RD DANIA Bch, FL 33004	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VIT HENRY G SLAUGHTER 1975 STIRLING ROAD Dania Beach FL 33004	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Henry G. Slaughter VICE PRES 4-23-02 (954)873-1957  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #