2001 UNIFORM BUSINESS REPORT (UBR)

Feb 23, 2001 8:00 am Secretary of State DOCUMENT # P00000109657 STREET TOYS MOTORCYCLES, INC. 02-12-2001 90239 016 ***150.00 Principal Place of Business Mailing Address 3341=SW:51ST-STREET ... 3341 SW. SIST: STREET. FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business Mailing Address 840 N. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHASHUA, YUVAL Street Address (P.O. Box Number is Not Acceptable) 3341 SW 51ST STREET FORT LAUDERDALE FL 33312 8. The above named entity submits this statement for the purpose of changing its registered office or registered (NOTE: Registered Agent slor 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 5.00 May Be =Tax:filing.requirement.and.elects.to.do.so.-After MAY-1, 2001 Fee will be \$550.00 Trust Frind Contribution (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change NAME SHASHUA, YUVAL NAMĘ STREET ADDRESS 3341 SW 51ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TTLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF TITLE Delete ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does no 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

FILED