2002 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** P01000111785 1. Entity Name A & J MOTORCYCLES, INC. 05-19-2002 90160 022 ***150 00 Principal Place of Business Mailing Address 6165 SW 63 STREET LINIT 3 6165 SW 63 STREET UNIT 3 MIAMI FL 33143 MIAMI FL 33143 3. Mailing Addres Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For Zip Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE **CLEARWATER FL 33761** 8. The above named entity submits this statement for purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its Inta igible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME SUAREZ, JUAN C Change ☐ Addition CR2E034 (9/01) NAME STREET ADDRESS 6165 SW 63 STREET UNIT 3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete NAME Change ☐ Addition NAME STREET ADDRESS 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 changed or on an attachment with an address, with all other the empowered. SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTO

URE AND TYPED OR PRIN

305-815-0395