

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90071 010 ***158.75

DOCUMENT # P01000114865

1. Entity Name

AMR SUPERBIKES, INC.

Principal Place of Business

Mailing Address

**4301 OAK CIRCLE
 SUITE 13
 BOCA RATON FL 33431**

**4301 OAK CIRCLE
 SUITE 13
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

**4301 Oak Circle
 Suite 12**

**4301 Oak Circle
 Suite 12**

City & State

City & State

Boca Raton, FL

Boca Raton, FL

4. FEI Number

Applied For

65-1157967

Not Applicable

Zip

Country

Zip

Country

33431

USA

33431

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 RAGONESE, ANGELO M
 4301 OAK CIRCLE SUITE 13
 BOCA RATON FL 33431** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**OWNER
 ANGELO RAGONESE
 4301 Oak Circle Suite 12
 Boca Raton, FL 33431** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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

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:

ANGELO RAGONESE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3021-02 561-750-6069

Date

Daytime Phone #

CR2E034 (9/01)