

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90231 038 ***150.00

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1. Entity Name
DRAGON MOTORSPORT & MANUFACTURING INC.



Principal Place of Business
**7185 N OAKMOUNT DR
MIAMI, FLORIDA, 33015**

Mailing Address
**7185 N OAKMOUNT DR
MIAMI, FLORIDA, 33015**

11016513

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
12831 NW 23 ST
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL

Zip
33028

Country
USA

4. FEI Number
14-1840789

Applied For
☐ Not Applicable

5. Name and Address of Current Registered Agent
**CORTIZO, MIKE
7185 N OAKMOUNT DR
MIAMI, FLORIDA, FL 33015**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 _____ DATE _____
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when registering.)

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORTIZO, MIKE 7185 N OAKMOUNT DR MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/ST FERNANDEZ, ALINA 12831 NW 23 ST Pembroke Pines, FL 33028 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 officers empowered.

SIGNATURE: _____ **423-03 305-829-0880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (10/02)