

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000089350**

1. Entity Name

**THE DALLAS MOTORCYCLE COMPANY****FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90055 023 \*\*\*150.00

Principal Place of Business

**1100 OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33311**

Mailing Address

**1100 OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33311-1612**

00001000

2. Principal Place of Business

**1751 W Copans Rd.  
Suite 81  
Pompano Bch, FL  
33064 Broward**

3. Mailing Address

**1751 W Copans Rd.  
Suite 81  
Pompano Bch, FL  
33064 Broward**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0626516**

Applied For

Not Applied

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

6. Name and Address of Current Registered Agent

**KANIA, WILLIAM B  
906 BIRDIE WAY  
APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2000 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ANTHONY, RAY G</b>	
STREET ADDRESS	<b>1165 CAMP HOLLOW RD</b>	
CITY-ST-ZIP	<b>WEST MIFFLIN PA 15122</b>	

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONTENEGRO, JULIO</b>	
STREET ADDRESS	<b>1100 OAKLAND PARK BLVD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33311</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anthony, Ray G.</b>	
STREET ADDRESS	<b>2 Allegheny County Airport</b>	
CITY-ST-ZIP	<b>West Mifflin, PA 15122</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 reports 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 DIRECTOR

Date

Daytime Phone #

**1-7-00****954-975-2446**