

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91178 041 ***150.00

0285498 AV

DOCUMENT # P97000009808

1. Entity Name
MOTO PLACE, INC.



Principal Place of Business
**8211 NW 64ST STE 8
MIAMI FL 33166
US**

Mailing Address
**8211 NW 64ST STE 8
MIAMI FL 33166
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8181 N.W 36th Ste 2603

8181 NW 36th Ste 2603

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33166

33166

4. FEI Number **65-0723071**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLD, STUART M
8211 NW 64 ST STE 8
MIAMI FL 33166**

Name

Gold, Stuart M.

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

8181 N.W 36th Ste 2603

City

MIAMI

FL

Zip Code

33166

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

V-President

4/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 **PSTD** ☐ Delete
NAME **SOUZA, JOSE M**
STREET ADDRESS **10964 NW 58 TERRACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **V** ☒ Change ☐ Addition
NAME **SOUZA JOSE M JR**
STREET ADDRESS **5741 NW 112 AVE apt 106**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **VD** ☐ Delete
NAME **LACERDA, JANIO T**
STREET ADDRESS **8211 NW 64ST STE 8**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ Change ☐ Addition
NAME **Sanio T Lacerda**
STREET ADDRESS **8181 NW 36th Ste 2603**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Luiz B. Freire**
STREET ADDRESS **1508 Mayo St**
CITY-ST-ZIP **Hollywood, FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Antonio A. Freire**
STREET ADDRESS **Araguaia 933 CS 11 Barueri**
CITY-ST-ZIP **Sao Paulo 06455-0000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSE M. Souza**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

CR2E034 (10/02)