

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000096026**

1. Entity Name

DILLIGAF MOTORCYCLES, INC.**FILED****Apr 10, 2001 8:00 am**
Secretary of State

04-10-2001 90037 045 ***158.75

Principal Place of Business

201 S BISCAYNE BLVD. SUITE 3400
MIAMI FL 33131

Mailing Address

201 S BISCAYNE BLVD. SUITE 3400
MIAMI FL 33131**00033456**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0971875**Applied For
Not Applicable

Zip

Country

Zip

Country

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

FERRELL SCHULTZ CARTER & FERTEL, A PROF ASSN
201 S BISCAYNE BLVD, SUITE 3400
MIAMI FL 33131Name
Ferrell Schultz Carter Zumpano + Ferkel, PA
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

Mayra C. Castiglione

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **FERRELL, MILTON M JR**
STREET ADDRESS **201 S BISCAYNE BLVD, STE 3400**
CITY-ST-ZIP **MIAMI FL 33131**TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **T William Forshee**
STREET ADDRESS **220 Miracle Mile, Suite 221**
CITY-ST-ZIP **Coral Gables, FL 33134**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **S Da Castiglione, Mayra G**
STREET ADDRESS **201 S. Biscayne Blvd, Suite 3400**
CITY-ST-ZIP **MIAMI, FL 33131**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mayra C. Castiglione

Date

4/4/01

Daytime Phone #

305-371-8585

CR2E034 (10/00)