

# 2000 UNIFORM BUSINESS REPORT (UBR)

000707

DOCUMENT # P99000103005

1. Entity Name

ORTA MOTORCYCLE ACCESSORIES, INC.

FILED

00 JUL 27 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1360 SW 19TH ST  
BOCA RATON FL 33486

1360 SW 19TH ST  
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

5400 NW 10TH TERRACE

5400 NW 10TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT LAUDERDALE FL

FORT LAUDERDALE

Zip

Country

Zip

Country

33309

US

33309

US

4. FEI Number

65 0970073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGDASARIAN, RICHARD C  
1800 CORPORATE BLVD NW, SUITE 302  
BOCA RATON FL 33486

Name

JIM DOLAN

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

1090 BAYVIEW DR

Suite 606

City

FT LAUDERDALE

FL

Zip Code

33309

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 JAMES DOLAN

SIGNATURE SEPARATELY

5-17-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORTA, CARLOS	
STREET ADDRESS	24611 SW 217TH AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BARRY, JIM	
STREET ADDRESS	5400 NW 10TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	SHIREY, ART	
STREET ADDRESS	1360 SW 19TH ST	
CITY-ST-ZIP	BOCA RATON FL 33486	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	200003351442-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-08/03/00--01039--017	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE	200003351442-1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-08/03/00--01039--018	
STREET ADDRESS	****400.00 ****400.00	
CITY-ST-ZIP		
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		
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 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

Date

Daytime Phone #

3-15-00 954 328 9872

CR2E034 (9/99)

KE