

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000107198**1. Entity Name
EAST COAST CHOPPERS, INC.

Principal Place of Business

4033 NE 10 AVE.

OAKLAND PARK
333343009

FL

Mailing Address

4033 NE 10 AVE.

OAKLAND PARK
333343009

FL

2. Principal Place of Business

1100 W.OAKLAND PARK BLVD.

3. Mailing Address

1100 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

BAY #4

Suite, Apt. #, etc.

BAY #4

City & State

WILTON MANORS

FL

City & State

WILTON MANORS

FL

Zip

33311

Country

Zip

33311

Country

4. FEI Number

65-0966659

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

CREAGER DUNCAN
1949 PIERCE ST.HOLLYWOOD
33020

US

FL

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)

04/30/2001

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KATZ GLEN
STREET ADDRESS 4033 NE 10 AVE.
CITY-ST-ZIP OAKLAND PARK FL 333343009TITLE D ☐ Delete
NAME VALLONE ROBERT
STREET ADDRESS 4033 NE 10 AVE.
CITY-ST-ZIP OAKLAND PARK FL 333343009TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME KATZ GLEN
STREET ADDRESS 1100 W.OAKLAND PARK BLVD.
CITY-ST-ZIP WILTON MANORS FL 33311TITLE D ☒ Change ☐ Addition
NAME VALLONE ROBERT
STREET ADDRESS 1100 W.OAKLAND PARK BLVD
CITY-ST-ZIP WILTON MANORS FL 33311TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: ROBERT M. VALLONE

PRES

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)