

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V18582

1. Entity Name

MOTORCYCLE DEPOT, INCORPORATED

Principal Place of Business

11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181
US

Mailing Address

11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181-3151
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0315558

Applied For

Not Applicable

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

LYNCH, DAVID J
224 COMMERCIAL BLVD
STE 310 LAUDERDALE BY THE SEA
MIAMI FL 33308

Name

GUS AUGUST

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

11601 BISCAYNE BOULEVARD, SUITE 200 C

MIAMI

City

FL

Zip Code

33181

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete

NAME AUGUST, GUS
STREET ADDRESS 11601 BISCAYNE BLVD., SUITE 200C
CITY-ST-ZIP MIAMI FL 33181

TITLE VPS ☒ Delete

NAME AUGUST, GUS
STREET ADDRESS 8951 NE 18TH AVE #117
CITY-ST-ZIP MIAMI FL 33138

TITLE T ☒ Delete

NAME TUERS, WILLIAM
STREET ADDRESS 340 NE 183RD ST
CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/T/D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition

NAME AUGUST, BRUCE
STREET ADDRESS 11601 BISC. BLVD., SUITE 200C
CITY-ST-ZIP MIAMI, FL 33181

TITLE S ☐ Change ☒ Addition

NAME LOUISE AUGUST
STREET ADDRESS 11601 BISC. BLVD., SUITE 200C
CITY-ST-ZIP MIAMI, FL 33181

TITLE D ☐ Change ☒ Addition

NAME TRACI BAUM
STREET ADDRESS 11601 BISC. BLVD., SUITE 200C
CITY-ST-ZIP MIAMI, FL 33181

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: *Traci Baum as director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 305 899 8086
Date Daytime Phone #

CR2E034 (9/99)