2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M14129 **DOCUMENT #**

VICTOR'S BICYCLE & SUPPLIES, INC.

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F1LED Feb 28, 2003 8:00 am Secretary of State **FILED**

02-28-2003 90127 018 ***150.00

						WE THE						
Principal Place of Business C/O VICTOR M. ABREU 3434 N.W. 27TH AVENUE MIAMI FL 33142				Mailing Address C/O VICTOR M. ABREU 3434 N.W. 27TH AVENUE MIAMI FL 33142								
2. Principal	Place of Busin	3. Mailing Address						HI	i Birail Birail B			
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ite	City & State				4.	4. FEI Number 59-2524911 Applied For Not Applicable					
Zip	Zip Country			Zip Country			5.	Certificate of Status Desired Sa.75 Additional Fee Required				
6. Name and Address of Current				registered Agent				7. Name and Address of New Registered Agent				
				ď	~	Name						1
ABREU, C	ofelia S point dr.		Street Address				(P.O. Box Number is Not Acceptable)					
	SLAND BCH										{	
						City		·	FL	Zip Cod		1
8. The above the obliga	e named entity itions of registe	submits this statement for ered agent.	r the purp	ose of changing its	register	ed office or regi	istered a	gent, or both, in the State of Florid	da. I am fa	miliar with,	and accept	1
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if app	licable. (NOTE	: Registere	d Agent signature rec	quired when	reinstating)	DATE			
		<u> </u>				-						4
Afte	🖟 May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	f State					Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
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10.	ST	OFFICERS AND	DIRECTO		11.	<u>I</u>	A	DDITIONS/CHANGES TO OFFIC				┧,
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TELLINGUE CONTRACTOR	rormy trial tried I	mormation supplied with	uns mida (Jues not quality for :	me exen	upuon stated in	Section	TIMIT/COD Florida Statutae I fo	rther cortife	that tha in	tormation	

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 trestee 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:

Daytime Phone #