

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90044 016 ***150.00

813585



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000076025
 1. Entity Name
M. CYCLE GYM CORP.

Principal Place of Business Mailing Address
SOUTHWEST 46 LANE **13207 SOUTHWEST 46 LANE**
FL 33175 **MIAMI FL 33175-3918**

Principal Place of Business 6114 S. DIXIE HWY Suite, Apt. #, etc.	3. Mailing Address 6114 S. DIXIE HWY Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33143	Country U.S.

4. FEI Number 65-0692836	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BORGES, MARCO A
13207 SW 46TH LANE
MIAMI FL 33175

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6114 S. DIXIE HWY
 City
MIAMI, FL 33143 **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PSTD BORGES, MARCO A 13207 SOUTHWEST 46 LANE MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME PSTD BORGES, MARCO A. STREET ADDRESS 6114 S. DIXIE HWY CITY-ST-ZIP MIAMI, FL 33143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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: **2/14/00** **(305) 665-1618**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #