

# 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      3. Mailing Address  
**6114 S. DIXIE HWY**      **6114 S. DIXIE HWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**  
 Zip      Zip      Country      Country  
**33143**      **33143**      **U.S.**      **U.S.**

4. FEI Number      Applied For  
**65-0692836**       Not Applicable

5. Certificate of Status Desired      \$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      State      Zip Code  
**MIAMI, FL 33143**

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 <input type="checkbox"/> Delete <b>BORGES, MARCO A</b> <b>13207 SOUTHWEST 46 LANE</b> <b>MIAMI FL 33175</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PSTD</b> <b>BORGES, MARCO A.</b> STREET ADDRESS <b>6114 S. DIXIE HWY</b> CITY-ST-ZIP <b>MIAMI, FL 33143</b>
<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

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

**2/14/00**      **(305) 665-1618**  
 Date      Daytime Phone #

CR2E034 (9/99)