

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004581

**FILED**  
**Jan 19, 2018**  
**Secretary of State**  
**CC3734712870**

**Entity Name:** BIKE WALK CORAL GABLES INC.

**Current Principal Place of Business:**

4015 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4015 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146

**FEI Number:** 45-4582050

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWAIN, JOHN  
4015 UNIVERSITY DRIVE  
CORAL GABLES, FL 33146 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name GARCIA, KENNETH  
Address 20 ALHAMBRA CIR #8, CORAL  
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY  
Name GARCIA, JENNIFER  
Address 20 ALHAMBRA CIR #8, CORAL  
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER  
Name SWAIN, JOHN  
Address 4015 UNIVERSITY DRIVE  
City-State-Zip: CORAL GABLES FL 33146

Title VC  
Name OBESO, ADHYS  
Address 10271 SW 27 STREET  
City-State-Zip: MIAMI FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN SWAIN

**TREASURER**

**01/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date