

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000010379

Entity Name: ALPHA CYCLING, INC.**Current Principal Place of Business:**3839 BOCA RATON BLVD , STE 100
BOCA RATON, FL 33431**Current Mailing Address:**3839 BOCA RATON BLVD , STE 100
BOCA RATON, FL 33431 US**FEI Number:** 84-3280740**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMON, MICHAEL W
3839 BOCA RATON BLVD , STE 100
BOCA RATON, FL 33431 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	DIR
Name	MACEDO, MATHEUS
Address	3839 BOCA RATON BLVD , STE 100
City-State-Zip:	BOCA RATON FL 33431

Title	PD
Name	SEEGER, JEANINE
Address	3839 NW BOCA RATON BLVD. #100
City-State-Zip:	BOCA RATON FL 33431

Title	VD
Name	GUARNIERE, SKIP
Address	3839 NW BOCA RATON BLVD. #100
City-State-Zip:	BOCA RATON FL 33431

Title	TD
Name	CABRERA, KARIN
Address	3839 NW BOCA RATON BLVD. #100
City-State-Zip:	BOCA RATON FL 33431

Title	SD
Name	CHACON, CARLOS
Address	3839 NW BOCA RATON BLVD. #100
City-State-Zip:	BOCA RATON FL 33431

Title	DIR
Name	O'ROURKE, BRIAN
Address	3839 NW BOCA RATON BLVD, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

Title	DIR
Name	PAZMINO, FERNANDO
Address	3839 NW BOCA RATON BLVD, SUITE 100
City-State-Zip:	BOCA RATON FL 33431

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: JEANINE SEEGER**PRESIDENT****01/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date