

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G99335

1. Entity Name

ACE BIKE SHOP, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90027 033 ***150.00

Principal Place of Business

Mailing Address

% ZEW-KAMIONSKI MIRIAM WAISBERG % ZEW-KAMIONSKI MIRIAM WAISBERG
6002 PEMBROKE ROAD 6002 PEMBROKE ROAD
MIRAMAR FL 33023 MIRAMAR FL 33023-2212

2. Principal Place of Business

6002 PEMBROKE ROAD

3. Mailing Address

6002 PEMBROKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33023

Country

USA

Zip

33023

Country

USA

4. FEI Number

59-2388904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAMIONSKI, ZEW
6002 PEMBROKE ROAD
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name MIRIAM WAISBERG

Street Address (P.O. Box Number is Not Acceptable)

6002 PEMBROKE ROAD

City

MIRAMAR

FL

Zip Code

33023

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

11. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	KAMIONSKI, ZEW	
STREET ADDRESS	6002 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMIONSKI, ZEW	
STREET ADDRESS	6002 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMIONSKI, ESTER	
STREET ADDRESS	6002 PEMBROKE RD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIAM WAISBERG	
STREET ADDRESS	6002 PEMBROKE ROAD	
CITY-ST-ZIP	MIRAMAR FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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

Date

Daytime Phone #

03/8/00 (954) 981-0985

CR2E034 (9/99)