2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H19483 Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** INTERNATIONAL BICYCLE SHOP, INC. 02-02-2000 90023 032 ***150.00 Principal Place of Business Mailing Address 1900 E SUNRISE BLVD 11708 NW 38TH PL FORT LAUDERDALE FL 33304 C/O LEON WEISS SUNRISE FL 33323-2689 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2459932 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired___ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLELLA, MARGARET Z ESQ. Street Address (P.O. Box Number is Not Acceptable) % ATKINSON, DINER, STONE, MANKUTA, ET-AL 1946 TYLER STREET HOLLYWOOD FL 33020 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Change Addition ☐ Delete TITLE TITLE MORITZ, WAYNE NAME NAME 11708 NW 38TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE MORITZ, ESTELLE NAME STREET ADDRESS STREET ADDRESS 11708 NW 38TH PL SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE WEISS, LEON NAME NAME 11708 NW 38TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Change Addition TITLE TITLE 🖺 Delete MORITZ, MATTHEW NAME NAME STREET ADDRESS STREET ADDRESS 11708 NW 38TH PL CITY-ST-ZIP CITY-ST-7IP SUNRISE FL ☐ Change ☐ Addition Delete TITLE TITLE WEISS, MOLLIE NAME NAME 11708 NW 38 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

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