## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** L49396 1. Entity Name

FIRST CITY CYCLES, INC.



**FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90183 041 \*\*\*150.00

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						TO WE THE	<b>/</b>				
Principal Pla	ce of Business		Mailir	ng Address		<u></u>					
210 STATE P			210 STATE ROAD 16								
	INE FL 32095-20		ST. AUGUSTINE FL 32095-2013								
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2. Principal i	Place of Busine	ess	<b>3</b> . Ma	3. Mailing Address				!	O Diff Class Dif	il bibli bibi.	i eleli eleli ifel
Suite, Apt	i. #, etc.	-	Suit	Suite, Apt. #, etc.				_			
							☐ CHECK HERE I	F MAKING	CHANGE	.S	
City & Sta	ite	City	City & State			4.	FEI Number			Applied For	
								59-3012974			Not Applicable
Zip Country		Zip	Zip Cour		ntry	5. (	Certificate of Status Desired		8.75 A		
<u> </u>	6. Name a	ent Register	Registered Agent			7. Name and Address of New Registered Agent					
			ent riegistert	o Agent		Name	7. 1	vame and Address of New He	gistered A	gent	
TORREGE	ROSA, JOSE	F									
3635 GAI		**				Street Addres	ss (P.O. B	ox Number is Not Acceptable)			
		2004 4007				<del></del>		<del>, , , , , , , , , , , , , , , , , , , </del>		<del></del>	
ST. AUGU	JSTINE FL 32	2084-4997						<del></del>			
						City			FL	Zip Co	ode
8. The above the obligation	e named entity tions of registe	submits this statemer red agent.	nt for the purp	ose of changing it	s register	ed office or regis	stered ag	ent, or both, in the State of Flor	ida. I am fa	miliar with	n, and accept
0.0		pr.									
SIGNATURE	Signature, typed or	r printed name of registered a	gent and title if app	licable. (NO	TE: Registere	d Agent signature requ	ired when re	instating)	DATE		
	U E NOWIU	FEE IS \$150.00									
		Fee will be \$550.	00					9. Election Campaign Fina	incing	\$5.	.00 May Be
Make Check	k Payable to	Florida Departmen	t of State					Trust Fund Contribution.	. 🗆		ed to Fees
10.			ND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	SERS AND I	DIDECTO	DC IN 11
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2. I hereby c	ertify that the in	nformation supplied v	vith this filing o	does not qualify fo	r the exen	nption stated in S	Section 1	19.07(3)(i), Florida Statutes. I fu	rther certify	that the	information

emental 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if in pradcress with all other like empowered. of the corporation or the receiver changed, or on an attachment

SIGNATURE:

Daytime Phone #