

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000003696

1. Entity Name

BIKE MIAMI, INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90015 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 431597  
MIAMI FL 33234-1597

POST OFFICE BOX 431597  
MIAMI FL 33243-1597

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1008399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BOULEVARD  
1500 MIAMI CENTER  
MIAMI FL 33131

Name

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

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME D  
SMITH, JOHN EDWARD  
STREET ADDRESS POST OFFICE BOX 431597 N/A  
CITY-ST-ZIP MIAMI FL 33213-1597

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME D  
PREZ, DARIO  
STREET ADDRESS 201 S. BISCAYNE BLVD., 1500 MIAMI CNTR.  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME D  
RAJCOMAR, RAVI  
STREET ADDRESS 201 S. BISCAYNE BLVD., 1500 MIAMI CNTR.  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

JOHN EDWARD SMITH 5/3/00 305 666 2838

CR2E037 (9/99)