

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070078

1. Entity Name

THE ELECTRIC BIKE FACTORY, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90416 050 \*\*\*150.00

Principal Place of Business

C/O KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND ST. 28TH FLOOR  
MIAMI FL 33131

Mailing Address

C/O KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND ST. 28TH FLOOR  
MIAMI FL 33131

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

# 65-1028292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
100 SE 2ND ST, 28TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Estelle J. Lashman

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

631 SW 44 Ave

City

FT. LAUD

FL

Zip Code

33311

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

*Estelle J. Lashman*

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, 2001 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	D/P	<input type="checkbox"/> Delete
NAME	Morton Lashman	
STREET ADDRESS	631 SW 44 Avenue	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317	
TITLE	D/S/T	<input type="checkbox"/> Delete
NAME	Estelle Lashman	
STREET ADDRESS	631 SW 44 Avenue	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33317	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

*Estelle J. Lashman*  
ESTELLE LASHMAN, Director

3/12/01 (954) 316-0606

Date

Daytime Phone #

CR2E034 (10/00)