

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 8:00 am
Secretary of State**

02-12-2001 90216 039 ***150.00

0135313

DOCUMENT # P00000074080**1. Entity Name****THE ELECTRIC BICYCLE CORPORATION OF AMERICA, INC****Principal Place of Business****535 OAKS DR., UNIT 409
POMPANO BCH FL 33069****Mailing Address****535 OAKS DR., UNIT 409
POMPANO BCH FL 33069****2. Principal Place of Business****950 South Andrews Avenue**
Suite, Apt. #, etc.**3. Mailing Address****950 South Andrews Avenue**
Suite, Apt. #, etc.**City & State****Pompano Beach, FL****City & State****Pompano Beach, FL****Zip****33069****Country****USA****Zip****33069****Country****USA****4. FEI Number****65-1031867****Applied For****Not Applicable****5. Certificate of Status Desired**☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BASS, MICHAEL R ESQ.
600 S. ANDREWS AVE.
FT. LAUDERDALE FL 33301****7. Name and Address of New Registered Agent****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

**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**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FEINSTEIN, JOEL P
535 OAKS DR., UNIT 409
POMPANO BCH FL 33069 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Feinstein, Joel P.
535 Oaks Drive, Unit 9
Pompano Beach, FL 33069 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
Senior Vice President
Brown, Patrick
900 SE 14th Drive
Deerfield Beach, FL 33441 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Reilly, Laraine
1330 SE 3rd Terrace
Pompano Beach, FL 33060 ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**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****Laraine Reilly****2/6/01****954-943-2453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)