

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074080

1. Entity Name

The Electric Bicycle Corporation of America, Inc.

Principal Place of Business

950 S. Andrews Avenue  
Pompano Beach, FL 33069

Mailing Address

950 S. Andrews Avenue  
Pompano Beach, FL 33069

2. Principal Place of Business

950 S. Andrews Avenue

Suite, Apt. #, etc.

3. Mailing Address

950 S. Andrews Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL 33069

City & State

Pompano Beach, FL 33069

4. FEI Number

65-1031867

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Michael R. Bass, Esq.  
600 S. Andrews Avenue  
Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name Jeffrey S. Wachs, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1177 S.E. 3rd Avenue

City Ft. Lauderdale

FL

Zip Code 33316

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

7/23/01

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 P  
NAME Joel P. Feinstein ☒ Delete  
STREET ADDRESS 535 Oaks Drive, Unit 409  
CITY-STATE-ZIP Pompano Beach, FL 33069

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S & T  
NAME Patrick Brown ☐ Change ☐ Addition  
STREET ADDRESS 900 S.E. 14th Drive  
CITY-STATE-ZIP Deerfield Beach, FL 33441

TITLE D  
NAME Jian Cheng Chen ☐ Change ☒ Addition  
STREET ADDRESS 950 S. Andrews Avenue  
CITY-STATE-ZIP Pompano Beach, FL 33069

TITLE  
NAME 500004500835 ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 JUL 27 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CONTROL NUMBER



Page 602

ACCOUNT NO. : 072100000032

REFERENCE : 268373 11758A

AUTHORIZATION :

COST LIMIT :

61.25  
~~\$ 550.00~~ Patricia Pajaro

ORDER DATE : July 26, 2001

ORDER TIME : 2:05 PM

ORDER NO. : 268373-005

CUSTOMER NO: 11758A

CUSTOMER: Jeffrey S. Wachs, Esq  
Doumar Allsworth Curtis Cross  
1177 Southeast Third Avenue

Fort Lauderdale, FL 33316

ANNUAL REPORT FILING

NAME: THE ELECTRIC BICYCLE  
CORPORATION OF AMERICA, INC.

XX      ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

     CERTIFIED COPY  
XX      PLAIN STAMPED COPY  
     CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_

Wile 184

RECEIVED  
01 JUL 26 PM 4:53  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA