

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90357 039 ***158.75

DOCUMENT # P00000085058

1. Entity Name

DOWNTOWN BICYCLE, INC.

Principal Place of Business

**713 EAST BROWARD BLVD.
 FT. LAUDERDALE FL 33301**

Mailing Address

**713 EAST BROWARD BLVD.
 FT. LAUDERDALE FL 33301**

010416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 North Federal Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

4. FEI Number

65-1036014

Applied For

Not Applicable

Zip

33301

Country

Broward

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GENOVESE, GARY S ESQ.
 633 SOUTH FEDERAL HWY.
 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

2/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDS
 APONTE, MARIO
 713 EAST BROWARD BLVD.
 FORT LAUDERDALE, FLORIDA 33301** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
**V
 APONTE, LUIS
 713 EAST BROWARD BLVD.
 FORT LAUDERDALE, FLORIDA 33301** ☐ Delete

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01

CR2E034 (10/00)

0242445