2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100060694

1. Entity Name
VOODOO CYCLE, INC.



Principal Place of Business

4301 B N. DIXIE HWY OAKLAND PARK FL 33334 Mailing Address
4301 B N. DIXIE HWY
OAKLAND PARK FL 33334

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90983 050 ***150.00



Fee Required

CREAGER, DUNCAN 4940 SW 38 WAY

FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not A	cceptable)	
Cit.	—.]	Zin Code
City	FL	Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Election Campaign Financing Trust Fund Contribution.

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. BOLESHA, WILLIAM JR Change ■ Addition ☐ Delete TITLE TITLE FORESHA. WILLIAM JR 4147 N. DIKLE HWY NAME NAME STREET ADDRESS 4301 B N. DIXIE HWY STREET ADDRESS POMPANO BCH, FL 33064 OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE FORESHA, RICHARO 4147 N.DIXIE HWY NAME FORESHA, RICHARD NAME STREET ADDRESS STREET ADDRESS 4301 B N. DIXIE HWY POMPANO BCH, FL 33064 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33334 Delete TITLE ☐ Change Addition TITLE ZIRPOLI, MICHAEL NAME NAME 4147 N. DIXLE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BCH, FL 33064 CITY-ST-7IP ☐ Addition TITLE Change Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 607, 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

1/29/03

) 4/29/63 (954) 783-23, Daytime Phone # CR2E034 (10/