

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90009 025 ***150.00

DOCUMENT # P01000073066

1. Entity Name

LAKE WORTH BICYCLE, INC.

Principal Place of Business

**1728 PIERCE DR.
LAKE WORTH FL 33460**

Mailing Address

**1728 PIERCE DR.
LAKE WORTH FL 33460**

DUUUUIONU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Lake Worth Bicycle
Suite, Apt. #, etc.
127 So Dixie Hwy
City & State
Lake Worth Florida
Zip
33460 Country
P.B.

3. Mailing Address

Robert Machin
Suite, Apt. #, etc.
1728 Pierce Dr.
City & State
Lake Worth, FL.
Zip
33460 Country
Palm Beach

4. FEI Number

VD 65-1122971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACHIN, ROBERT
1728 PIERCE DR.
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **MACHIN, ROBERT**
Street Address (P.O. Box Number is Not Acceptable)
1728 Pierce Dr.
City **Lake Worth** FL Zip Code **33460**

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]

04-01-02

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, 2002 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	<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	
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 checked="" type="checkbox"/> Addition
NAME	V-Diosdado Machin
STREET ADDRESS	27 Harbor Dr.
CITY-ST-ZIP	Lake Worth, FL. 33460
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T- Mariluz Machin
STREET ADDRESS	27 Harbor Dr.
CITY-ST-ZIP	Lake Worth, FL. 33460
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P- Robert Machin
STREET ADDRESS	
CITY-ST-ZIP	
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	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03912822 AV

CR2E034 (9/01)