

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90221 008 ***150.00

DOCUMENT # P01000083149

1. Entity Name

PEDRITO'S BIKE INC.

Principal Place of Business

**4451 NW 196 STREET
 MIAMI FL 33055**

Mailing Address

**4451 NW 196 STREET
 MIAMI FL 33055**

2. Principal Place of Business

8040 NW 103 ST

3. Mailing Address

8040 NW 103 ST

Suite, Apt. #, etc.

BAY #55

Suite, Apt. #, etc.

BAY #55

City & State

HEALEAH GARDENS, FL

City & State

HEALEAH GARDENS, FL

Zip

33016

Country

USA

Zip

33016

Country

USA

6. Name and Address of Current Registered Agent

**ARRECHAVELETA, EDUARDO
 4451 NW 196 STREET
 MIAMI FL 33055**

7. Name and Address of New Registered Agent

Name

PEDRO MONTTOYA

Street Address (P.O. Box Number is Not Acceptable)

8040 NW 103 ST BAY #55

City

HEALEAH GARDENS

FL

Zip Code

33016

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

Pedro Montoya

4-10-02

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 **P** ☐ Delete
 NAME **MONTTOYA, PEDRO**
 STREET ADDRESS **19255 NE 10 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10250 NW 80 CT. APT 302**
 CITY-ST-ZIP **HEALEAH GARDENS, FL 33016**

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

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 and all other like empowered.

SIGNATURE:

Pedro Montoya
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 305-203-4696

Date

Daytime Phone #

CR2E034 (9/01)