

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/2

FILED
Apr 30, 2003 8:00 am
Secretary of State

02-24-2003 90256 008 ***150.00

DOCUMENT # P02000023283

1. Entity Name
BIKES 2 NV, INC.



Principal Place of Business
**285 W 21 ST
HIALEAH FL 33010**

Mailing Address
**285 W 21 ST
HIALEAH FL 33010**

55033538



2. Principal Place of Business
2000 BISCAYNE BLVD
Suite, Apt. #, etc.

3. Mailing Address
2000 BISCAYNE BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
miami FLORIDA
Zip
33137-5012

City & State
miami FLORIDA
Zip
33137-5012

4. FEI Number
02 0549342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTINEZ, ANDY
9415 SW 72ND ST SUITE 123
MIAMI FL 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SANTOS, ROLANDO
285 W 21 ST
HIALEAH FL 33010

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2003

305 571 2456

Date

Daytime Phone #

CR2E034 (10/02)