

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90114 032 ***150.00

DOCUMENT # P02000109408

1. Entity Name
FEARLESS CYCLES, INC.



Principal Place of Business
~~8901 LAKE PARK CIRCLE N~~
~~DAVIE FL 33328~~

Mailing Address
~~8901 LAKE PARK CIRCLE N~~
~~DAVIE FL 33328~~



2. Principal Place of Business

3. Mailing Address

3625 Pembroke Rd

3625 Pembroke Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-5

C-5

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33021

Broward

33021

Broward

4. FEI Number

01-0747189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOSS, JAMES
8901 LAKE PARK CIRCLE N.
DAVIE FL 33328

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	President	<input type="checkbox"/> Delete
NAME	James Bloss	
STREET ADDRESS	8901 Lake Park Circle N	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	Secy/Treas	<input type="checkbox"/> Delete
NAME	Dania Colmenares-Bloss	
STREET ADDRESS	8901 Lake Park Circle N	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Dania Colmenares	
STREET ADDRESS	2963 Myrtle Oak Circle	
CITY-ST-ZIP	DAVIE, FL 33328	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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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		

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]* **DAVIA COLMENARES-BLOSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03 954-693-8527

Date Daytime Phone #

CR2E034 (10/02)