

2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/25/20

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-25-2004 90001 020 ***150.00

DOCUMENT # P03000065415 1. Entity Name THE ULTIMATE BICYCLE DISTRIBUTION COMPANY, INC.					
Principal Place of Business 201 ALMAHRA CIRCLE SUITE 601 CORAL GABLES, FL. 33134			Mailing Address 201 ALMAHRA CIRCLE SUITE 601 CORAL GABLES, FL 33134		
2. Principal Place of Business 7300 Bird Road		3. Mailing Address 7300 Bird Road			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Miami, FL		City & State Miami, FL			
Zip 33155	Country USA	Zip 33155	Country USA	4. FEI Number <div style="display: flex; justify-content: space-between;"> 06212004 Chg-P CR2E034 (10/03) </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LESTER, PAUL A 201 ALMAHRA CIRCLE SUITE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 601 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$50.00 \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LESTER, PAUL A <input checked="" type="checkbox"/> Delete 201 ALMAHRA CIRCLE SUITE 601 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jose Siman 7300 Bird Road, Suite 200 Miami, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this report 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: Jose Siman, President			305-264-8888		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Day/Mo/Yr</small>		

Attachment

66429.728

#P03000065415

THE ULTIMATE BICYCLE DISTRIBUTION COMPANY, INC.

7300 Bird Road, Suite 200

Miami, Florida 33155

Telephone: 305-264-8888

Fax: 305-264-9994

June 21, 2004

Department of State

Division of Corporations

2670 Executive Center Circle

Suite 100

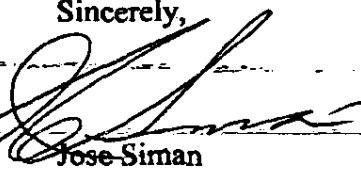
Tallahassee, FL 32301

Gentlemen:

Please be advised that our office did not receive the annual report for The Ultimate Bicycle Distribution Company, Inc., or any other notification from the Secretary of State, as our principal address is incorrectly listed in your records. Attached is the Application for Reinstatement together with our check in the sum of \$150.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-264-8888.

Sincerely,



Jose Siman

President