2005

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Aug 02, 2005 8:00 am Secretary of State **DOCUMENT #** 08-02-2005 90031 018 \*\*\*150.00 P03 000068009 1. Entity Name J B Bike Shop MB. Inc. DO NOT WRITE IN THIS SPACE 50059184 2. Principal Place of Business 3. Mailing Address 7316 Collins Aye. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Miami Beach, 4. FEI Number Applied For City & State Not Applicable 57-1187105 \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired . 33141 Mîami Dade Fee Required Name and Address of Current Registered Agent Name Jolie Bogorad DO NOT WRITE Box Number is Not Acceptable) Street Address (P.O. 4312 Sheridan Are IN THIS SPACE Zip Code 33142 Miami Beach. 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1: Fee is \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After May 1: Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) ·~: 🔲 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS Pres. Director NAME NAME Jolie Bogorad STREET ADDRESS STREET ADDRESS 4312 Sheridan Ave. CITY-ST-7IP CITY-ST-ZIP Miami Beach, FL 33140 TITLE TITLE NAME VP Director NAME STREET ADDRESS STREET ADDRESS zPerl 2 Sheridan Ave, CITY ST-7:E City-SI-7I-Miami Beach. $^{-}$ FL <del>33140</del> NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE :TITLE NAME NAME

13. Thereby 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 on an allachment with an address, with all other title empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE: NAME -

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

CR2E034B (12/01

**FILED** 

ATTACHMENT 50059184 PJ 3000068009 JULY 24, 2005

> J B BIKE SHOP MB, INC. 7316 Collins Ave. Miami Beach, FL 33141 P03-000068009

57-1187105

STATE OF FLORIDA DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM FOR OUR COMPANY FOR 2005, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO

MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS, J B BIKE SHOP MB, INC.

By: Jolie Bogorad, PRESIDENT