

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 033 ***150.00

DOCUMENT # **P93000023331**
1. Entity Name **PALM BEACH CYCLES, INC.**

DO NOT WRITE IN THIS SPACE

763368

2. Principal Place of Business

3. Mailing Address

114 N. FEDERAL HWY

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

City & State

Zip

33435

Country

US

Zip

Country

4. FEI Number

65-0402544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LARRY FINKELSTEIN

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

114 N FEDERAL HWY #202

City

BOYNTON BEACH

FL

Zip Code

33435

**DO NOT WRITE
IN THIS SPACE**

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

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **LARRY FINKELSTEIN**
STREET ADDRESS **114 N. FEDERAL HWY #202**
CITY-ST-ZIP **BOYNTON BEACH, FL. 33435**

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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 on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02 561-736-8790

CR2E034B (12/01)