

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000071526**

1. Entity Name

SYCLE INDUSTRIES, INC.**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90010 033 ***150.00

Principal Place of Business 2960 STERLING RD HOLLYWOOD FL 33021	Mailing Address 2960 STERLING RD HOLLYWOOD FL 33020-1032
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0445024	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLUMSTEIN, MARK I 3325 HOLLYWOOD BLVD PENTHOUSE SUITE HOLLYWOOD FL 33021	7. Name and Address of New Registered Agent <table border="1"><tr><td>Name</td><td></td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td></td></tr><tr><td>City</td><td>FL Zip Code</td></tr></table>	Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: <u><i>Mark Roth</i></u>	Date: <u>4/6/00</u>	Daytime Phone #: <u>954-454-5926</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)