

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90187 018 ***150.00

0005990 AT

DOCUMENT # P94000029088

1. Entity Name

HIGHWAY CYCLE, INC.



Principal Place of Business

9800 SW 168 ST.
MIAMI FL 33157

Mailing Address

9800 SW 168 ST.
MIAMI FL 33157

2. Principal Place of Business

9800 SW 168 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

SAME

4. FEI Number

65-0482894

Applied For

Not Applicable

Zip

33157

Country

Zip

SAME

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, MANUEL
9800 SW 168 STREET
MIAMI FL 33157

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 ☐ Delete
NAME P
STREET ADDRESS WILLIAMS, MANUEL
CITY-ST-ZIP 13640 SW 100 AVE.
MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/03

Daytime Phone #

CR2E034 (10/02)

Attachment 90138285
Doc # PA4600029000



PARTS & ACCESSORIES FOR HARLEY DAVIDSON

To whom it may concern;

~~We apologize for being late. But we~~
are still going through the courts
with all ~~the~~ kinds of lawyer fees
for our ~~da~~ missing daughters case.

Please accept our apology,
thank-you.