

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000067482**

1. Entity Name

INTERNATIONAL BICYCLE AND SKATE SHOP WEST, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90032 038 ***150.00

Principal Place of Business 1013 NORTH FEDERAL WAY BOCA RATON FL 33432 US	Mailing Address 11708 NW 38TH PL C/O LEON WEISS SUNRISE FL 33323 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number 65-0521186	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 VILLELLA, MARGARET Z % ATKINSON, DINER, STONE, MANKUTA, ET-AL 1946 TYLER STREET HOLLYWOOD FL 33020
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7. Name and Address of New Registered Agent 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 _____ (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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PT MORITZ, WAYNE 11708 NW 38TH PL SUNRISE FL</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VS MORITZ, ESTELLE 11708 NW 38TH PL SUNRISE FL</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VD WEISS, LEON 11708 NW 38TH PL SUNRISE FL</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VD WEISS, MOLLIE 11708 NW 38 PLACE SUNRISE FL</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MORITZ, WAYNE 11708 NW 38TH PL SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORITZ, ESTELLE 11708 NW 38TH PL SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISS, LEON 11708 NW 38TH PL SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEISS, MOLLIE 11708 NW 38 PLACE SUNRISE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition
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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: *Leon Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01 (954) 748-2755

Date Daytime Phone #

CR2E034 (10/00)