

FILED  
Sep 06, 2001 8:00 am  
Secretary of State

09-06-2001 90274 049 \*\*\*550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085768

1. Entity Name

CYCLE CONCEPTS, INC.

Principal Place of Business

Mailing Address

A0084102

2. Principal Place of Business  
2220 N.E. 2nd Avenue

3. Mailing Address  
2220 N.E. 2nd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
65-0619150

Applied For  
Not Applicable

Zip  
33173

Country  
USA

Zip  
33173

Country  
USA

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

H. James Catlin, Jr., Esq.  
169 E. Flagler Street, 17th Floor  
Miami, FL 33131-1298

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DP	William L. Craker	2220 N.E. 2nd Avenue	Miami, Florida 33173
DP	Francisco Jose Cortina	2152 S.W. 10th Street	Miami, FL 33135
DP	ALEXANDER PADILLA	7225 N OAKMONT DR	MIAMI, FLORIDA 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Craker

8-21-01 438-1511

CR2E034 (11/00)