

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
03-22-2000 90010 011 \*\*\*150.00

**DOCUMENT # P97000039730**  
1. Entity Name  
**TRY-CYCLING, INC.**

Principal Place of Business      Mailing Address  
SW 56TH ST      9355 SW 56TH ST  
FL 33165      MIAMI FL 33165-6558

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      65-0797995      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LUNA, VICKI  
9355 SW 56TH ST  
MIAMI FL 33165

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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.      ☐      **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.      ☐      \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P TAMARA, LETICIA 6649 S.W. 62ND TERRACE MIAMI FL 33143			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VP LUNA, VICKI 6649 S.W. 62ND TERRACE MIAMI FL 33143			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: *Vicki Luna*      VICKI LUNA      3/15/00      Date      Daytime Phone #

CR2E034 (9/99)