2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P98000061633** Mar 29, 2000 8:00 am **Secretary of State** ISLAND HOPPER BICYCLE MOTORS, INC. 03-29-2000 90038 035 ***150.00 Principal Place of Business Mailing Address 4183 COQUINA KEY DR..S.E. 4183 CÒQUINA KEY DR..S.E. SAINT PETERSBURG FL 33705-4139 SAINT PETERSBURG FL 33705 2. Principal Place of Business 4341-341 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3578725 ST PETELSBURG Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEHANI, ROGER Street Address (P.O. Box Number is Not Acceptable) 4183 COQUINA KEY DR., S.E. SAINT PETERSBURG FL 33705 Zip Code FL 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 DATE tered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete MEHANI, ROGER 4183 + COQUINA Key DR. SE T. PETERS BURG, FL 33705 MEKANI, ROGER NAME STREET ADDRESS 4193 COQUINA KEY DR SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33705 Delete TITLE TITLE MEKANI, ADAMARIE MEHANI, ADAMARIE NAME NAME 4183- COQUINA Key DR. SE. ST. PETERS BURG F1 33.705 STREET ADDRESS 4183 COQUINA KEY DR SE STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33705 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplier ental 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 receive of true amount of the corporation or the receive of true amount of the corporation or the receive of true amount of the corporation of the corporation of the corporation of the corporation of the receive of true amount of the corporation of the corporation of the receive of true amount of the corporation of changed, or on an attachment