

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90123 004 ***150.00

DOCUMENT # P98000072090

1. Entity Name
CYCLE ONE CORP.



Principal Place of Business
5366 BAMBOO CT.
ORLANDO FL 32811

Mailing Address
5366 BAMBOO CT.
ORLANDO FL 32811



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2401 N. ORANGE BLOSSOM TRAIL
 Suite, Apt. #, etc.

3. Mailing Address
2401 N. ORANGE BLOSSOM TRAIL
 Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3528176

Applied For
 Not Applicable

Zip
32804-4806

Country
USA

Zip
32804-4806

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

LOUZADA, ERNESTO
5366 BAMBOO CT.
ORLANDO FL 32811

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PSD LOUZADA, ERNESTO 5366 BAMBOO CT. ORLANDO FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LOUZADA, CECILIA 5366 BAMBOO CT. ORLANDO FL 32811	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Change <input type="checkbox"/> Addition
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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

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]* **SIGNATURE REQUIRED** **M. LOUZADA** **7/3/01** **407-292-5366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 15/01

Attachment

Attachment

P98000072090

CYCLE ONE motorsports

407 - CYCLE ONE (292-5366)

FAX 407 - 650 - 0678

2401 N. Orange Blossom Trail

Orlando, FL 32804-4806

Orlando, July 3, 2001

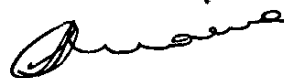
To : Florida Department of State
Division of Corporations

Re : 2001 Uniform Business Report

I would like to let you know that I received this report on July 2. I did not received anything prior to this date.

I am sending a check number 1675 in the amount of \$150.00 payable to Department of State, as of I am paying as soon as I received the first report.

Thank you,



Cecilia M. Louzada
Vice President