

FILED
May 29, 2002 8:00 am
Secretary of State

05-21-2002 90892 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074022

1. Entity Name

CYCLE & BODY, INC.

2. Principal Place of Business

1440 BRICKELL AVENUE

Suits, Apt. #, etc.

3. Mailing Address

Suits, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State

4. FEI Number
65-0858334

Applied For

Not Applicable

Zip
33131Country
USA

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PETER LOBNIG

Street Address (P.O. Box Number is Not Acceptable)

1440 BRICKELL AVENUE

City MIAMI

FL

33131

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 date if applicable.

(NOTE: Registered Agent signature required when registering)

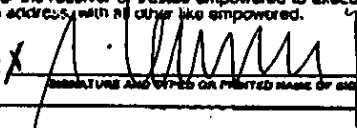
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY - ST - ZIPPSTD
PETER LOBNIG
~~1440 BRICKELL AVENUE~~
MIAMI, FL 33131TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP1541 BRICKELL AVE, 2403
Miami, FL 33129TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 on an attachment with an address with all other like empowered.

SIGNATURE: 

SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)