| 20/00-90169 | -033-8150.00-8150.00 | ė. | والصويح | | <u>}</u> | | | | | | |
|---|-------------------------------|---|--------------------------|--|------------|---|--|----------------|---------------------------|---------------------------------|--|
| DOCUMENT # P9900004554 1. Enlity Name BIKEPARTSUSA, INC. | | | | | | HILED SECHETARY OF STATE VISION OF CORPORATIONS | | | | | |
| DIREFARISOSA; INC. | | | | | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | { | 00 FEB 28 PM 2: 04 | | | | | |
| 6350 WEST ATLANTIC BOULEVARD | | 6350 WEST ATLANTIC BOULEVARD | | | Ţ | | | | | | |
| MARGATE FL 33063 | | MARGATE FL 33063-5143 | | | l | | | | | | |
| | | | | | l | 11 | Cutaun era auno faril duri ea | KI COKA DEKA O | BEER OLDER BEHAL BEE | A CIRCACU | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | | 4. FEI I | Number - 09 05 2 | 19 | | plied For t Applicable | | |
| Zip | Country | Zip Count | | try | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | | 7. Name and Address of New Registered Agent | | | | | | | | | |
| GREGOIRE, MARK R | | | | Name | | | | | | | |
| 6350 WEST-ATLANTIC BOULEVARD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| MARGATE FL 33063 | | | | ļ | | | | | | | |
| | | | | 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 / ALL | | | | | | | | | | | |
| Signature, based or presided name of registered-agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 | | | | , | | 1 | Election Campaign f Trust Fund Contribut | | | May Be | |
| (See criter | | | le to Department of Stat | | | | | | | | |
| 11. IIILE | OFFICERS AND | DIRECTORS Delete | 12. | | | ADDII | IONS/CHANGES TO OF | FICERS AN | Change | Addition | |
| NAME | GREGOIRE, MARK R | | NAM | E | | | | | | _ } | |
| STREET ADDRESS CITY-ST-ZIP | 1 0000 NEOL KIENTIO BOOLEVATO | | | ET ADDRESS - St-Zip | ō. | | | | | | |
| TITLE | | ☐ Delete | TITL | | | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAM Stre | ET ADDRESS | | | | | | ļ | |
| CITY-ST-ZIP | ļ | | | -ST-ZIP | | | | | | C addison | |
| TITLE NAME | | Delete | TITL | | 7. | ٠. | • | | Change | ☐ Addition | |
| STREET ADDRESS | | | | ET ADORESS -ST-ZIP | | | | | | l | |
| CITY-ST-ZIP | | Oeletá - | | | | | | | ☐ Change | Addition _ | |
| NAME | | | NAM | 1 | | | | | | 1 | |
| STREET ADDRESS CITY-ST-ZIP | . , | | | et adoress -st-zip | . ^ | ٨. | ù | | | | |
| गार£ | | ☐ Delete | TITL | | W | MA | 70 | | ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAM STRE | E ET ADDRESS | h | <i>y</i> | | | | l I | |
| CNY-ST-ZIP | <u> </u> | | - | -ST-ZIP | <u>-</u> - | | | | D. 03 | [] 1 2 2 2 2 2 2 2 2 2 2 | |
| TITLE Name | | ☐ Detete | TITLI NAM | | | | | | Change | Addition | |
| STREET ADDRESS | | • | | ET ADORESS | | | | | | , | |
| CITY-ST-ZIP | | | | -ST-ZIP | di- Cas | | 07/2Vi\ Florida Statida | . Livebas as | artifu that the le | dormation | |

13. Thereby certify that the information supplied with this filling 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:

| Construct Affine On partice Name or planing or Florida or Blactors | Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Chapter 6