

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056723

1. Entity Name

THE BICYCLE STORE, INC.

**FILED**  
May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90079 027 \*\*\*150.00

Principal Place of Business

Mailing Address

~~250 CATALONIA AVENUE SUITE 606~~  
~~CORAL GABLES FL 33134~~

~~250 CATALONIA AVENUE SUITE 606~~  
~~CORAL GABLES FL 33134 6727~~

2. Principal Place of Business

3. Mailing Address

1172 So. Dixie Hwy  
Suite, Apt. #, etc.  
# 411

1172 So. Dixie Hwy  
Suite, Apt. #, etc.  
# 411

City & State  
CORAL GABLES FL

City & State  
CORAL GABLES FL

Zip  
33146

Country  
USA

Zip  
33146

Country  
USA

4. FEI Number

65-0929093

Applied For

Not Applicable

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

BERGER, MAX  
~~250 CATALONIA AVENUE SUITE 606~~  
~~CORAL GABLES FL 33134~~

Name  
MAX BERGER

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

SUITE-345

City  
CORAL GABLES FL Zip Code  
33134

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]*

MAX BERGER

4/26/2000

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, MAX <del>250 CATALONIA AVENUE SUITE 606</del> <del>CORAL GABLES FL 33134</del>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1172 So. Dixie Hwy- #411 CORAL GABLES, FL. 33146	
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
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
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]* MAX BERGER

Date

Daytime Phone #

CR2E034 (9/99)