

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90154 028 ***150.00

DOCUMENT # P99000056723

1. Entity Name
THE BICYCLE STORE, INC.

Principal Place of Business

~~1172 S DIXIE HWY~~
~~#411~~
CORAL GABLES FL 33146

Mailing Address

~~1172 S DIXIE HWY~~
~~#411~~
CORAL GABLES FL 33146

2. Principal Place of Business

6600 S.W. 80th St.
 Suite, Apt. #, etc.

3. Mailing Address

6600 S.W. 80th St.
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33143

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

BERGER, MAX
301 ALMERIA AVE
SUITE 345
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 **MAX Berger**

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

TITLE **D** ☐ Delete
 NAME **BERGER, MAX**
 STREET ADDRESS **1172 S DIXIE HWY, #411**
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

DUNKLEY & ASSOCIATES, P.A.

ATTACHMENT
A0086523

A Professional Association of Accountants

717 Ponce de Leon Blvd.
Suite 310
Coral Gables, Florida 33134

Office 305/ 461-4460
Fax 305/ 461-5021

September 12, 2001

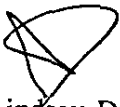
To whom It may concern:

P99000056723

Please note that we had send our annual report some time in the month of march 2001. The check that was submitted was never cashed by your office. Please except this report with this check as seconded payment.

If you have any questions, please call.

Sincerely



Lindsay Dunkley