



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90093 049 ***158.75

DOCUMENT # P99000077217 1. Entity Name UNIQUE CUSTOM CYCLES, INC.					
Principal Place of Business 4522 S.W. 71ST AVE. MIAMI, FL 33155				Mailing Address 4522 S.W. 71ST AVE. MIAMI, FL 33155	
2. Principal Place of Business 4522 S.W. 71 Avenue		3. Mailing Address 4522 SW 71 Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State miami, Florida		City & State miami, Florida		4. FEI Number 65-0946828	
Zip 33155		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03082005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ALBURQUERQUE, AMPARO 4522 S.W. 71 AVENUE MIAMI, FL 33175					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP P ALBURQUERQUE, EDUARDO 4522 S.W. 71 AVE. MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP VP ALBURQUERQUE, AMPARO 14005 S.W. 48 TERR MIAMI, FL 33175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: Amparo Albuquerque - Amparo Albuquerque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-05 (305) 669-9373
Date Daytime Phone #