

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90033 005 \*\*\*150.00

**DOCUMENT** P99000082688

1. Entity Name

**BIKES IN ACTION CORP.**

Principal Place of Business

1001 N. FEDERAL HWY  
 SUITE 205  
 HALLANDALE FL 33009

Mailing Address

1001 N. FEDERAL HWY  
 SUITE 205  
 HALLANDALE FL 33009

**658496**

2. Principal Place of Business

1001 N. FEDERAL HWY  
 Suite, Apt. #, etc.  
**SUITE 202**

3. Mailing Address

1001 N. FEDERAL HWY  
 Suite, Apt. #, etc.  
**SUITE 202**

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

US

Zip

33009

Country

US

4. FEI Number

65-0948333

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEDUC, REJEAN  
 1001 N FEDERAL HWY, STE 205  
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

LEDUC, REJEAN

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

1001 N. FEDERAL HWY

SUITE 202

City

HALLANDALE

FL

Zip Code

33009

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 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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, MICHEL	NAME	
STREET ADDRESS	2092 ALBER MURPHY, APT 302	STREET ADDRESS	
CITY - ST - ZIP	CHOMEDEY LAVAL, QC H7T 2V8	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETON, DIANE DUHAMIE	NAME	
STREET ADDRESS	2092 ALBER MURPHY APT302	STREET ADDRESS	
CITY - ST - ZIP	CHOMEDEY LAVAL, QC H7T 2V8	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *Michel Breton*

CR2F034 (10/00)