

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108875

1. Entity Name

MIAMI CYCLE WERX, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90035 028 ***150.00

Principal Place of Business

14730 NE 10TH AVENUE
N MIAMI FL 33161

Mailing Address

14730 NE 10TH AVENUE
N MIAMI FL 33161

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.
Suite, Apt. #, etc.

13935 NW 1st AVENUE

MIAMI, FLORIDA 33168

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965851

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

PEREZ BEHAR & ASSOCIATES, P.A.
14730 NE 10TH AVENUE
N MIAMI FL 33161

Name **PEREZ BEHAR & ASSOC., P.A.**

Street Address **13935 NW 1st AVENUE**

MIAMI, FLORIDA 33168

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sandra Perez / Pres.

4/3/00

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	D	<input type="checkbox"/> Delete
NAME	ARGUELLO, SANDRA A	
STREET ADDRESS	14730 NE 10TH AVENUE	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra A. Arguello 4/3/00 (305) 688-9694

CR2E034 (9/99)