

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90059 007 ***150.00

DOCUMENT # S79422

1. Entity Name

I.C. BIKES, INC.

Principal Place of Business

0708 WILES ROAD
 CORAL SPRINGS FL 33076

Mailing Address

7335 NW 38TH PLACE
 CORAL SPRGS FL 33065-2107
 US

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10708 Wiles Road

CORAL SPRINGS FL

33076



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0292229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHINLOY, IAN
7335 NW 38TH PLACE
CORAL SPRGS FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CHIN LOY, IAN	NAME	
CITY-ST-ZIP	7335 NW 38TH PLACE	STREET ADDRESS	
	CORAL SPRGS FL	CITY-ST-ZIP	
NAME	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CHIN LOY, BRIAN	NAME	
CITY-ST-ZIP	1590 NW 93, TER	STREET ADDRESS	
	CORAL SPRINGS FL	CITY-ST-ZIP	
NAME	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CHIN LOY, PETER	NAME	
CITY-ST-ZIP	1590 NW 93 TER	STREET ADDRESS	
	CORAL SPRINGS FL	CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/00 954 341-3075

CR02EN34 7/0/00