

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

0188985 AV

DOCUMENT # S79422

1. Entity Name
I.C. BIKES, INC.

02-13-2002 90174 021 ***158.75

Principal Place of Business
10708 WILES ROAD
CORAL SPRINGS FL 33076
US

Mailing Address
10708 WILES ROAD
CORAL SPRINGS FL 33076
US



2. Principal Place of Business
10718 Wiles Road
 Suite, Apt. #, etc.

3. Mailing Address
10718 Wiles Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs FL
 Zip
33076
 Country
USA

City & State
Coral Springs FL
 Zip
33076
 Country
USA

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

7. Name and Address of New Registered Agent

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

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 _____ (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 \$150.00
After May 1, 2002 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	CHIN LOY, IAN	
STREET ADDRESS	7335 NW 38TH PLACE	
CITY-ST-ZIP	CORAL SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIN LOY, BRIAN	
STREET ADDRESS	1590 NW 93 TER	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHIN LOY, PETER	
STREET ADDRESS	1590 NW 93 TER	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)