

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91248

1. Entity Name

CYCLES UNLIMITED EXPORT CORPORATION

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90100 016 ***150.00

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|---|--|
| Principal Place of Business 5427 NW 72 AVE MIAMI FL 33166 US | Mailing Address 5427 NW 72 AVE MIAMI FL 33166-2847 US |
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| 2. Principal Place of Business 6801 NW 77 Avenue | 3. Mailing Address 6801 NW 77 Avenue |
|---|---|

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|------------------------------|------------------------------|
| Suite, Apt. #, etc. # 105 | Suite, Apt. #, etc. # 105 |
|------------------------------|------------------------------|

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|--------------------------------|--------------------------------|
| City & State MIAMI, Florida | City & State MIAMI, Florida |
|--------------------------------|--------------------------------|

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|--------------|-------------------|--------------|-------------------|
| Zip 33166 | Country U.S.A. | Zip 33166 | Country U.S.A. |
|--------------|-------------------|--------------|-------------------|

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0281137 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent C/O MUNERA, AURA 5427 NW 72 AVENUE MIAMI FL 33166 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS MUNERA, AURA 5427 NW 72 AVE MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Aura Munera 3/23/00 305 885 9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)