

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000009006

**Entity Name:** KYANDRE'S BIKE FOUNDATION INC.

**Current Principal Place of Business:**

3641 SW 40TH AVE  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

3641 SW 40TH AVE  
HOLLYWOOD, FL 33023 US

**FEI Number:** 93-2627713

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ESCARMENT, CLAUDINE  
3641 SW 40TH AVE  
HOLLYWOOD, FL 33023 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            ESCARMENT, CLAUDINE  
Address        3641 SW 40TH AVE  
City-State-Zip: HOLLYWOOD FL 33023

Title            VP  
Name            ESCARMENT, KEONNA  
Address        3641 SW 40TH AVE  
City-State-Zip: HOLLYWOOD FL 33023

Title            MBR  
Name            PRICE, TRACY  
Address        3020 SW 67TH WAY  
City-State-Zip: MIRAMAR FL 33023

Title            MBR  
Name            ABRAHAM, SHANDA  
Address        841 FRANKLIN CT  
City-State-Zip: IMMOKALEE FL 34142

Title            MBR  
Name            WHITTAKER, NEVA  
Address        2280 NW 204TH ST  
City-State-Zip: MIAMI GARDENS FL 33056

Title            MBR  
Name            KING, COBY  
Address        PO BOX 24362  
City-State-Zip: FORT LAUDERDALE FL 33307

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAUDINE ESCARMENT

**FOUNDER / CEO**

**03/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date