

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106242

FILED
Jan 22, 2016
Secretary of State
CC0356984361

Entity Name: UNIVERSITY BICYCLE CENTER, INC.

Current Principal Place of Business:

1220 E FLETCHER AVE
TAMPA, FL 33612

Current Mailing Address:

1220 E FLETCHER AVE
TAMPA, FL 33612

FEI Number: 59-3485210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIRABAL, MANUEL D
1220 E FLETCHER AVE
TAMPA, FL 33612 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 | V | Title | TS |
| Name | MIRABAL, CARLOS M | Name | MIRABAL, MYRIAM |
| Address | 1220 E FLETCHER AVE | Address | 1220 E FLETCHER AVE |
| City-State-Zip: | TAMPA FL 33612 | City-State-Zip: | TAMPA FL 33612 |
| | | | |
| Title | P | Title | TREASURER |
| Name | MIRABAL, MANUAL D | Name | MIRABAL, LISA |
| Address | 1220 E. FLETCHER AVE | Address | 17504 BLESSED PL |
| City-State-Zip: | TAMPA FL 33612 | City-State-Zip: | LUTZ FL 33549 |

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS MIRABAL

VP

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date