

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000106242

**FILED**  
**Feb 11, 2018**  
**Secretary of State**  
**CC1318148462**

**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

02/11/2018

Electronic Signature of Signing Officer/Director Detail

Date