

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 08:00 AM
Secretary of State

DOCUMENT # F99000001791

1. Entity Name
 CYBEAR INC.

Principal Place of Business
 5000 BLUE LAKE DRIVE, SUITE 200
 BOCA RATON FL 33431

Mailing Address
 4001 SW 47TH AVE
 FORT LAUDERDALE FL 33314

2. Principal Place of Business

3. Mailing Address
 4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 ATTN: ALLISON LICHTER

City & State

City & State
 DAVIE FL

4. FEI Number
13-3936988

Applied For
 Not Applicable

Zip Country
 33314

Zip Country
 33314

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITLOCK TED W
 4001 SW 47TH AVE
 FORT LAUDERDALE FL 33314 US

Name
 LODIN SCOTT
 Street Address (P.O. Box Number is Not Acceptable)
 4955 ORANGE DRIVE
 City DAVIE FL Zip Code 33314

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 **SCOTT LODIN**

04/05/2001

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 EVP Delete
 NAME MOSKOW ERIC DMD
 STREET ADDRESS 5000 BLUE LAKE DR, SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CEOD Delete
 NAME NOLAN TIMOTHY E
 STREET ADDRESS 5000 BLUE LAKE DRIVE SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE CEOP Change Addition
 NAME NOLAN TIMOTHY E
 STREET ADDRESS 5000 BLUE LAKE DRIVE SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE D Delete
 NAME COHEN ALAN P
 STREET ADDRESS 5000 BLUE LAKE DRIVE, SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE VP Change Addition
 NAME COHEN ALAN P
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE SD Delete
 NAME LODIN SCOTT
 STREET ADDRESS 5000 BLUE LAKE DRIVE, SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE SD Change Addition
 NAME LODIN SCOTT
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE PD Delete
 NAME GOLDMAN EDWARD E
 STREET ADDRESS 5000 BLUE LAKE DRIVE, SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE VPT Change Addition
 NAME MALAHIAS ANGELO C
 STREET ADDRESS 4955 ORANGE DRIVE
 CITY-ST-ZIP DAVIE FL 33314

TITLE CD Delete
 NAME KLEIN JOHN H
 STREET ADDRESS 5000 BLUE LAKE DRIVE, SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

TITLE C Change Addition
 NAME KLEIN JOHN H
 STREET ADDRESS 5000 BLUE LAKE DRIVE, SUITE 200
 CITY-ST-ZIP BOCA RATON FL 33431

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: **Scott Lodin**

SD 04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)