

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93227

1. Entity Name
CYBEREX, INC.

Principal Place of Business Mailing Address
444 Brickell Ave. **444 Brickell Ave.**
Ste 51-246 **Ste 51-246**
Miami, FL 33131 **Miami, FL 33131**

2. Principal Place of Business 3. Mailing Address
300 Biscayne Blvd. Way **300 Biscayne Blvd. Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#901 **#901**

City & State City & State
Miami, FL **Miami, FL**

Zip Zip Country Country
33131 **33131** **USA** **USA**

AMENDED FILED
 CLERK OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 20 PM 6:23

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 -12/05/01--01081--004
 *****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0347289 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

IBC FIDUCIARY INC.
100 SE 2nd Street
Suite 2315-A
Miami, FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	DPAS- LeCompte, J. 444 Brickell Ave. #51-246 Miami, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-AS LeCompte, J. 300 Biscayne Blvd. Way #901 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-VP Dellavedova, A. 444 Brickell Ave. #51-246 Miami, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S Dellavedova, A. 300 Biscayne Blvd. Way #901 Miami, FL 33131 <input checked="" 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	VP Ballabh, C. 300 Biscayne Blvd. Way #901 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" 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
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
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

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: J. LeCompte **LeCompte, J.** 11/12/01 (305)377-0305

CR2E034 (11/00)