

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90003 006 ***150.00

DOCUMENT # P00000016366

1. Entity Name

~~CYBERTOTEMS, INC.~~

CYBERTOTEMS NETWORKS, INC

Principal Place of Business

Mailing Address

4501 W. MCNAB ROAD, SUITE 15
 POMPANO BEACH FL 33069

4501 W. MCNAB ROAD, SUITE 15
 POMPANO BEACH FL 33069

020593

2. Principal Place of Business

3. Mailing Address

12277 S.W. 55th St.

12277 S.W. 55th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 901

Suite 901

City & State

City & State

Cooper City, FL

Cooper City FL

Zip

Country

Zip

Country

33330 USA

33330 USA

4. FEI Number

APPLIED FOR 2/01

Applied For

Not Applicable

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

SUMMITT, MARILYN K
 4501 W. MCNAB ROAD, SUITE 15
 POMPANO BEACH FL 33069

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

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: D
 NAME: MILLER, MARIA S
 STREET ADDRESS: 11005 WHITEHAWK STREET
 CITY-ST-ZIP: PLANTATION FL 33324 Delete

TITLE: Change Addition

TITLE: Delete

TITLE: P
 NAME: John Miller
 STREET ADDRESS: 11005 Whitehawk St
 CITY-ST-ZIP: PLANTATION, FL 33324 Change Addition

TITLE: Delete

TITLE: S
 NAME: Jaime Silva
 STREET ADDRESS: 12277 S.W. 55th St., Suite 901
 CITY-ST-ZIP: Cooper City, FL 33330 Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

954-252-5728

Daytime Phone #

CR2E034 (10/00)

0134805