

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 06, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000108208**

1. Entity Name  
 CYBEAR ACQUISITION CORP.

Principal Place of Business 5000 BLUE LAKE DRIVE SUITE 200 BOCA RATON 33431 FL	Mailing Address 4001 SOUTHWEST 47TH AVENUE FT. LAUDERDALE 33314 FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 4955 ORANGE DRIVE Suite, Apt. #, etc. ATTN: A. LICHTER
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DO NOT WRITE IN THIS SPACE

City & State DAVIE FL	City & State DAVIE FL
Zip 33314	Country FL

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LODIN SCOTT  
 4001 SOUTHWEST 47TH AVENUE  
 FT. LAUDERDALE FL  
 33314 US

**7. Name and Address of New Registered Agent**

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

04/06/2001

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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	MALAHIAS ANGELO C		
STREET ADDRESS	4001 SW 47TH AVENUE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		
TITLE	D	<input type="checkbox"/> Delete	
NAME	LODIN SCOTT		
STREET ADDRESS	4001 SW 47TH AVENUE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		
TITLE	D	<input type="checkbox"/> Delete	
NAME	COHEN ALAN P		
STREET ADDRESS	4001 SW 47TH AVENUE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALAHIAS ANGELO C		
STREET ADDRESS	4955 ORANGE DRIVE		
CITY-ST-ZIP	DAVIE FL 33314		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LODIN SCOTT		
STREET ADDRESS	4955 ORANGE DRIVE		
CITY-ST-ZIP	DAVIE FL 33314		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN ALAN P		
STREET ADDRESS	4955 ORANGE DRIVE		
CITY-ST-ZIP	DAVIE FL 33314		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

D 04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)