

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90376 004 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000102822**

1. Entity Name  
**ADVANCED CYBERNETS CORP.**

Principal Place of Business  
**18520 NORTHWEST 67 AVENUE  
 MIAMI FL 33015**

Mailing Address  
**POST OFFICE BOX 173066  
 HIALEAH FL 33017**

40808



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**18520 NW 67th Ave**

3. Mailing Address  
**P.O. Box 173066**

Suite, Apt., #, etc.  
**#254**

Suite, Apt., #, etc.

City & State  
**Miami, FL**

City & State  
**Hialeah, FL**

4. FEI Number  Applied For  
 Not Applicable

Zip **33015** Country **USA**

Zip **33017** Country **USA**

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

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

Name **Vall Morales**  
 Street Address (if Box Number is Not Applicable) **495 Blue Lake Drive**  
 City **Boca Raton** FL Zip **33431**

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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Hood PRESIDENT</b> 18520 NW 67th Ave, #254 Miami, Florida 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vall Morales DIRECTOR</b> 495 Blue Lake Dr. Boca Raton, Florida 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **NOTARIAL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/02** (785) 983-9383  
Day Phone #

CR2E03a (8/01)

Sr.

### 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102822

1. Entity Name  
ADVANCED CYBERNETS CORP.

Principal Place of Business  
18520 NORTHWEST 67 AVENUE  
MIAMI FL 33015

Mailing Address  
POST OFFICE BOX 173066  
HIALEAH FL 33017

2. Principal Place of Business  
18520 NW 67th Ave  
Suite, Apt., etc.  
#254

3. Mailing Address  
P.O. Box 173066  
Suite, Apt. #, etc.

City & State  
Miami, FL  
Zip 33015 Country USA

City & State  
Hialeah, FL  
Zip 33017 Country USA

4. FEI Number  Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent  
Name: Vali Morales  
Street Address: 495 Blue Lake Drive  
City: Boca Raton FL Zip: 33431

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: DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002  
Make Check Payable to:

10. Election Campaign Financing Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		/CHANGES TO OFFICERS AND DIRECTORS IN 11/	
TITLE	Michael Hood PRESIDENT	Change	Addition
NAME	Michael Hood	Change	Addition
STREET ADDRESS	18520 NW 67th Ave, #254	Change	Addition
CITY-ST-ZIP	Miami, Florida 33015	Change	Addition
TITLE	Vali Morales DIRECTOR	Change	Addition
NAME	Vali Morales	Change	Addition
STREET ADDRESS	495 Blue Lake Dr.	Change	Addition
CITY-ST-ZIP	Boca Raton, Florida 33431	Change	Addition
TITLE		Change	Addition
NAME		Change	Addition
STREET ADDRESS		Change	Addition
CITY-ST-ZIP		Change	Addition

Pres. ←  
Div. ←  
I have hand-written in the titles but attached these written on a post to clarify

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 807, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/02  
Design Phone #: (305) 983-9383

Attachment  
40868



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)