

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104443

1. Entity Name
CYBERBUYER.COM, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90002 020 ***150.00

| | |
|--|---|
| Principal Place of Business 7720 SW 142ND ST. MIAMI FL 33158 | Mailing Address 13615 S. DIXIE HWY STE 114-449 MIAMI FL 33176-7254 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---|---|--|
| 2. Principal Place of Business | 3. Mailing Address 7720 S.W. 142 ST. | 4. FEI Number 65-0883643 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | City & State MIAMI, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip | Country U.S.A. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent KESSELMAN, ROBERT 7720 SW 142ND ST. MIAMI FL 33158 | 7. Name and Address of New Registered Agent |
| | 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. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE PD NAME KESSELMAN, ROBERT STREET ADDRESS 7720 SW 142ND ST. CITY-ST-ZIP MIAMI FL 33158 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STD NAME KESSELMAN, HOWARD G STREET ADDRESS 7720 SW 142ND ST. CITY-ST-ZIP MIAMI FL 33158 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Robert Kesselman **ROBERT KESSELMAN** 4/26/00 305-253-5496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)