

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092831

1. Entity Name
CYBERCOL CORPORATION

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90092 003 ***158.75

Principal Place of Business 8700 SW 133 AVENUE ROAD APT. 321 BDG. 8 MIAMI FL 33183	Mailing Address 8700 SW 133 AVENUE ROAD APT. 321 BDG. 8 MIAMI FL 33183-5344
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0957852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ILLIAN, MARIA CRISTIAN
8700 SW 133 AVENUE ROAD
APT. 321 BDG. 8
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **ILian, Maria Cristina**
Street Address (P.O. Box Number is Not Acceptable)
8700 SW 133 AVE RD
APT 321 BLDG 8
City **Miami** FL Zip Code **33183**

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 **Maria Cristina Illian** DATE **4/28/00**
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, 2000 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 PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ILIAN, AUGUSTO		NAME	
STREET ADDRESS 8700 SW 133 AVENUE ROAD		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINNING, MONICA		NAME	
STREET ADDRESS 8700 SW 133 AVENUE ROAD		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33183		CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINNING, MARIA CRISTINA		NAME ILian, Maria Cristina	
STREET ADDRESS 8700 SW 133 AVENUE ROAD		STREET ADDRESS 8700 SW 133 AVE Rd	
CITY-ST-ZIP MIAMI FL 33183		CITY-ST-ZIP Miami FL 33183	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 titles empowered.

SIGNATURE: **Augusto Ilcan** DATE **4/28/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Daytime Phone #

CR2E034 (9/99)