

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90389 041 \*\*\*158.75

**C0067546**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000092831**

1. Entity Name  
**CYBERCOL CORPORATION**

2. Principal Place of Business  
**11724 SW 107 LN**  
 Suite, Apt. #, etc.

3. Mailing Address  
**11724 SW 107 LN**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0957852**

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

Zip  
**33186** Country

Zip  
**33186** Country

6. Name and Address of Current Registered Agent  
**Maria Cristina Ilian**  
**87 SW 133 Ave Rd**  
**APT 321 BLDG 8**  
**Miami FL 33183**

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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Ilian, Augusto</b> <b>11724 SW 107 LN</b> <b>MIAMI FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Ilian, Augusto</b> <b>11724 SW 107 LN</b> <b>Miami FL 33183</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>MINNING, Monica</b> <b>8700 SW 133 AVE Rd</b> <b>Miami FL 33183</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Ilian, Maria Cristina</b> <b>8700 SW 133 Ave Rd</b> <b>Miami FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: Augusto Ilian Date: 04/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: #