

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90021 018 ***150.00

DOCUMENT # F00000003517

1. Entity Name

CYBER EXPRESS INTERNATIONAL CORP.

Principal Place of Business

**10231 N.W. 21 STREET
 MIAMI FL 33172**

Mailing Address

**10231 N.W. 21 STREET
 MIAMI FL 33172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 NE 2nd AVE

3. Mailing Address

4100 NE 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

209

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

USA

Zip

33137

Country

USA

4. FEI Number

65-0936512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILADELFIA, PHILIPPE

10231 NW 21 ST.

MIAMI FL 33172

7. Name and Address of New Registered Agent

Name **FILADELFIA, Philippe**

Street Address (P.O. Box Number is Not Acceptable)

4100 NE 2nd AVE

Suite # 209

City

MIAMI

FL

Zip Code

33137

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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MARCH 11th, 2002

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 **P** ☐ Delete
 NAME **FILADELFIA, PHILIPPE**
 STREET ADDRESS **650 WEST AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **S** ☐ Delete
 NAME **FILADELFIA, ANTHONY**
 STREET ADDRESS **1608 DREXEL AVE.**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11th, 2002 (305) 573-0108

CR2E034 (9/01)