## 2002 Uniform Business Report (UBR)

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 29, 2002 8:00 am § Secretary of State DOCUMENT # F01000001030 1. Entity Name 03-29-2002 90798 020 \*\*\*150.00 CYRACOM INTERNATIONAL, INC. Principal Place of Business Mailing Address 7332 N. ORACLE RD 7332 N. ORACLE RD TUSCON AZ 85704 TUSCON AZ 85704 2. Principal Place of Busines 3. Mailing Address ORACCE RACCE 733*0* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State City & State 4. FEI Number Applied For HZ UCSON UCSON 36-4036218 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRes CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition MICHAEZ DARLING NAME ANDERS, KENNETH D NAME STREET ADDRESS STREET ADDRESS 2813 E. ELM TUCSON AZ 11672 CRESCENDO CITY-ST-ZIP TUSCON AZ CITY-ST-7IP 85716 TITLE VST ☐ Delete TITLE ☐ Addition NAME CRAIG CARTE NAME MYERS, MARK STREET ADDRESS STREET ADDRESS 8262 ROBB WAS TRAIL CITY-ST-ZIP CITY-ST-ZIP TUSCON AZ TITLE ☐ Delete TIT! F CHAIRMA Addition NAME VAYNE NAME TUMORKIN, GERALD STREET ADDRESS STREET ADDRESS 1037 S. ALVERSON WAY CITY-ST-ZIP CITY-ST-ZIP TUSCON AZ TITLE ☐ Delete TITLE D ☐ Change ☐ Addition NAME NAME SONENBLICK, JERRY STREET ADDRESS STREET ADDRESS 1037 S. ALVERSON WAY CITY-ST-ZIP TUSCON AZ CITY-ST-ZIP TITLE ☐ Delete TITLE D Change ☐ Addition NAME MYERS, THEODORE NAME STREET ADDRESS STREET ADDRESS 550 WASHINGTON CITY-ST-ZIE CITY-ST-ZIP GLENCOE IL ☐ Delete TITLE ☐ Change ☐ Addition 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

**FILED**