

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002805

1. Entity Name

INTERNATIONAL CYBERNETICS CONSULTING, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90100 038 \*\*\*150.00

Principal Place of Business

3313 W COMMERCIAL BLVD  
#113  
FT LAUDERDALE FL 33309

Mailing Address

3313 W COMMERCIAL BLVD  
#113  
FT LAUDERDALE FL 33309

2. Principal Place of Business

19101 Mystic Pointe Drive

Suite, Apt. #, etc.

Suite 1805

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Address

19101 Mystic Pointe Drive

Suite, Apt. #, etc.

Suite 1805

City & State

Aventura, FL

Zip

33180 -

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0657183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELEZ, GUSTAVO A

3313 W. COMMERCIAL BLVD #113  
FORT LAUDERDALE FL 33309

Name

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

19101 Mystic Pointe Drive, Suite 1805

City

Aventura, FL

FL

Zip Code

33180

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)

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	PS VELEZ, GUSTAVO A 3313 W COMMERCIAL BLVD., #113 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VELEZ, MARTHA A 3313 W COMMERCIAL BLVD., #113 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Velez, Gustavo A. 19101 Mystic Pointe Drive, #1805 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Velez, Martha C 19101 Mystic Pointe Drive #1805 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

305-682-1871

Daytime Phone #

CR2E034 (10/00)