

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 046 ***150.00

DOCUMENT # **F16000002805**
1. Entity Name **INTERNATIONAL CYBERNETICS
CONSULTING, INC.
105 N KETCH DR.
SUNRISE, FL 33326**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
105 N KETCH DR
Suite, Apt. #, etc.
City & State **SUNRISE FL**
Zip **33326** Country **U.S.**

3. Mailing Address
105 N KETCH DR
Suite, Apt. #, etc.
City & State **SUNRISE FL**
Zip **33326** Country **U.S.**

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**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MARTHA VELEZ**
Street Address (P.O. Box Number is Not Acceptable)

105 N KETCH DR
City **SUNRISE** FL Zip Code **33326**

FL Zip Code **33326**

30 APR 02

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]**
Signature, typed or printed name of registered agent and title if applicable.

MARTHA VELEZ
105 N KETCH DR SUNRISE FL 33326

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUSTAVO VELEZ 105 N KETCH DR SUNRISE, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTHA VELEZ 105 N KETCH DR SUNRISE, FL 33326
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IN THIS SPACE**

11. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
Date

Daytime Phone #

CR2E034B (12/01)