2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900001530 May 13, 2000 8:00 am 1. Entity Name **Secretary of State** CYBG CONSULTANT, INC. 05-13-2000 90019 016 ***150.00 Principal Place of Business Mailing Address 2000 WEST COMMERCIAL BOULEVARD. SUITE 200 2000 WEST COMMERCIAL BOULEVARD, SUITE 200 FORT LAUDERDALE FL 33309-3061 FORT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 77-0174197 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOVALOVSKA ADRIANA STEELE, TOMMY D Street Address (P.O. Box Number is Not Acceptable) 2000 WEST COMMERCIAL BOULEVARD 2000 W. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33309 SUITE #200 FORT LAUDERDALE 8. The above named entity subprits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. VC TITLE D TITLE X Delete STEELE, TOMMY D NAME PROCTOR DAVID NAME 2000 WEST COMMERCIAL BOULEVARD, SUITE 200 STREET ADDRESS STREET ADDRESS 2000 WEST COMMERCIAL BOULEVARD SUITE #200 CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP FORT LAUDERDALE FLORIDA 33309 TSD X Change ■ Addition TITLE Delete TITLE ZIELINSKI, TERRENCE A ZIELINSKI TERRENCE A. NAME NAME 2000 WEST COMMERCIAL BOULEVARD, SUITE 200 STREET ADDRESS 2000 WEST COMMERCIAL BOULEVARD SUITE #200 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33309 CITY-ST-ZIP FORT LAUDERDALE FLORIDA Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 1 5 Date Daytine Pion

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