

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90610 022 ***150.00

DOCUMENT # F99000001791

Entity Name

CYBEAR INC.

Principal Place of Business

**BLUE LAKE DRIVE, SUITE 200
 BOCA RATON FL 33431**

Mailing Address

**5000 BLUE LAKE DRIVE, SUITE 200
 BOCA RATON FL 33431-4466**

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4001 SW 47th Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

Zip

33314

Country

4. FEI Number

13-3936988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES, INC.
 201 S. BISCAYNE BLVD., SUITE 3000
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Ted W. Whitlock

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

4001 SW 47th Avenue

City

Ft. Lauderdale

FL

Zip Code
33314

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

Ted W. Whitlock

4/24/00

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, 2000 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	CD	<input type="checkbox"/> Delete
NAME	KLEIN, JOHN H	
STREET ADDRESS	5000 BLUE LAKE DRIVE, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, EDWARD E	
STREET ADDRESS	5000 BLUE LAKE DRIVE, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LODIN, SCOTT	
STREET ADDRESS	5000 BLUE LAKE DRIVE, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ALAN P	
STREET ADDRESS	5000 BLUE LAKE DRIVE, SUITE 200	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chief Executive Officer/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy E. Nolan	
STREET ADDRESS	5000 Blue Lake Drive, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Executive Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric D. Moskow, M.D.	
STREET ADDRESS	5000 Blue Lake Drive, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angelo C. Malahias	
STREET ADDRESS	5000 Blue Lake Drive, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Sharoky, MD.	
STREET ADDRESS	5000 Blue Lake Drive, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip P. Gerbino, Ph.D.	
STREET ADDRESS	5000 Blue Lake Drive, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Reid Stoller, Ph.D.	
STREET ADDRESS	5000 Blue Lake Drive, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	

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 a address, with all other like empowered.

SIGNATURE:

Scott Lodin, Director/Secretary 4/21/00 (954) 584-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)