

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F99000001791**1. Entity Name  
CYBEAR INC.**Principal Place of Business**

5000 BLUE LAKE DRIVE, SUITE 200

BOCA RATON

33431

FL

**Mailing Address**

4001 SW 47TH AVE

FORT LAUDERDALE

33314

FL

**2. Principal Place of Business****3. Mailing Address**

4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: ALLISON LICHTER

City &amp; State

City &amp; State

DAVIE

FL

Zip

Country

Zip

Country

33314

**4. FEI Number****13-3936988**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WHITLOCK TED W  
4001 SW 47TH AVE

FORT LAUDERDALE

33314

FL

US

**7. Name and Address of New Registered Agent**

Name

LODIN SCOTT

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

4955 ORANGE DRIVE

City

DAVIE

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 **SCOTT LODIN****04/05/2001**

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  
EVP  
MOSKOW ERIC DMD  
5000 BLUE LAKE DR, SUITE 200  
BOCA RATON FL 33431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
NOLAN TIMOTHY E  
5000 BLUE LAKE DRIVE SUITE 200  
BOCA RATON FL 33431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
NOLAN TIMOTHY E  
5000 BLUE LAKE DRIVE SUITE 200  
BOCA RATON FL 33431 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COHEN ALAN P  
5000 BLUE LAKE DRIVE, SUITE 200  
BOCA RATON FL 33431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
COHEN ALAN P  
4955 ORANGE DRIVE  
DAVIE FL 33314 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LODIN SCOTT  
5000 BLUE LAKE DRIVE, SUITE 200  
BOCA RATON FL 33431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
LODIN SCOTT  
4955 ORANGE DRIVE  
DAVIE FL 33314 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GOLDMAN EDWARD E  
5000 BLUE LAKE DRIVE, SUITE 200  
BOCA RATON FL 33431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
MALAHIAS ANGELO C  
4955 ORANGE DRIVE  
DAVIE FL 33314 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
KLEIN JOHN H  
5000 BLUE LAKE DRIVE, SUITE 200  
BOCA RATON FL 33431 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
KLEIN JOHN H  
5000 BLUE LAKE DRIVE, SUITE 200  
BOCA RATON FL 33431 ☒ Change ☐ 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:** Scott Lodin

SD

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)