

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007772

1. Entity Name
CYBERPRESS LLC

Principal Place of Business
2497 S.W. REILLEY AVENUE
PALM CITY FL 34990

Mailing Address
2497 S.W. REILLEY AVENUE
PALM CITY FL 34990

FILED

01 FEB 14 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13 S. Wolf Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Dept. # 132

City & State

City & State

Prospect Heights, IL

Zip

Country

Zip

Country

60070

U.S.A.

4. FEI Number

65-1034401

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPAMERICA, INC.

1525 SOUTH ANDREWS AVENUE, SUITE 216

FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Axel Kaiser-MGRM
BOCHUMER STR. 10
D 42279 WUPPERTAL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
0000003709150-1
-02/19/01--01091-012
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Uwe Richter-MGRM
BOCHUMER STR. 10
D 42279 WUPPERTAL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Axel Kaiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan. 11, 2001 +49 202-2658-0

Date

Daytime Phone #

CR2E083 (11/00)