

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000005851

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: CYBORG PUBLICISTAS U.S.A., L.L.C.

## Current Principal Place of Business:

290 N.W. 165TH ST  
SUITE PLAZA 100  
MIAMI, FL 33169

## New Principal Place of Business:

4744 NW 114 TH AVE  
# 403  
MIAMI, FL 33178 US

## Current Mailing Address:

290 N.W. 165TH ST  
SUITE PLAZA 100  
MIAMI, FL 33169

## New Mailing Address:

4744 NW 114 TH AVE  
# 403  
MIAMI, FL 33178 US

FEI Number: 52-2308933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELDENKRAIS, MICHAEL ESQ.  
290 N.W. 165TH ST  
SUITE PLAZA 100  
MIAMI, FL 33169

## Name and Address of New Registered Agent:

FELDENKRAIS, MICHAEL ESQ.  
201 SOUTH BISCAYNE BLDV.  
34 TH FLOOR - MIAMI CENTER  
MIAMI, FL 33131 US

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:

04/11/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: BRACAMONTE, JORGE L  
Address: 290 N.W. 165TH ST  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BRACAMONTE, JORGE L  
Address: 4744 NW 114TH AVE, # 203  
City-St-Zip: MIAMI, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRACAMONTE, JORGE L

MGRM

04/11/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date