

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-25-2002 90009 028 ****50.00

DOCUMENT # L01000013982

1. Entity Name

CYBERNATION HOLDINGS, LLC

Principal Place of Business

**444 E. SUNRISE BLVD.
 FORT LAUDERDALE FL 33311**

Mailing Address

**P.O. BOX 11279
 FORT LAUDERDALE FL 33339**

2. Principal Place of Business

3. Mailing Address

Suite/Apt./# etc.

Suite/Apt./# etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1115221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARRICK, WOODWARD
 2455 E. SUNRISE BLVD. - PH W
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete
 NAME **HEADLEY LEE**
 STREET ADDRESS **3833 SW 167th AVE**
 CITY-ST-ZIP **MIRAMAR, FL 33027**

TITLE **V. PRESIDENT** ☐ Delete
 NAME **ERNEST GLENN BOCHAND**
 STREET ADDRESS **6300 DORSAY CT**
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE **SECRETARY / TREASURER** ☐ Delete
 NAME **CLIVE BISSETT**
 STREET ADDRESS **834 NW 132nd AVE**
 CITY-ST-ZIP **SUNRISE, FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

4/18/02 **954**
828-1512

CR2E083 (9/01)