

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90048 003 \*\*\*\*50.00

DOCUMENT # **L02000025861**

1. Entity Name

**CYBERBIOMED, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**Palm Beach County**

3. Mailing Address  
**3605 S. Ocean Blvd**

Suite, Apt. #, etc.  
**3605 S. Ocean Blvd #A-335**

Suite, Apt. #, etc.  
**#A-335**

City & State  
**Palm Beach**

City & State  
**Palm Beach**

Zip  
**33480**

Country  
**Palm Beach**

Zip  
**33480**

Country  
**USA**

4. FEI Number **74-3063324**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

Name **George Koverdan**

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

**3605 S. Ocean Blvd #A-335**

City **Palm Beach**

**FL**

Zip Code  
**33480-6312**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

**George Koverdan**

**3/11/03**

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Wojciech Musialik  
3605 S Ocean Blvd #A-335  
Palm Beach FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice-President  
George Koverdan  
3605 S. Ocean Blvd #A-335  
Palm Beach FL 33480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *George Koverdan*

**George Koverdan**

**3/11/03**

**561-582-1125**

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

Date

Daytime Phone #

CR2E083B (12/02)