

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93227

1. Entity Name

CYBEREX, INC.

Principal Place of Business

444 Brickell Ave.
Ste 51-246
Miami, FL 33131

Mailing Address

444 Brickell Ave.
Ste 51-246
Miami, FL 33131

2. Principal Place of Business

300 Biscayne Blvd. Way
Suite, Apt. #, etc.
#901

3. Mailing Address

300 Biscayne Blvd. Way
Suite, Apt. #, etc.
#901

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0347289

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IBC FIDUCIARY INC.
100 SE 2nd Street
Suite 2315-A
Miami, FL 33131

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

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

TITLE ~~DPAS~~ ☒ Delete
NAME ~~LeCompte, J.~~
STREET ADDRESS ~~444 Brickell Ave. #51-246~~
CITY-ST-ZIP ~~Miami, FL 33131~~

TITLE ~~S-VP~~ ☒ Delete
NAME ~~Dellavedova, A.~~
STREET ADDRESS ~~444 Brickell Ave. #51-246~~
CITY-ST-ZIP ~~Miami, FL 33131~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D-AS ☒ Change ☐ Addition
NAME LeCompte, J.
STREET ADDRESS 300 Biscayne Blvd. Way #901
CITY-ST-ZIP Miami, FL 33131

TITLE P-S ☒ Change ☐ Addition
NAME Dellavedova, A.
STREET ADDRESS 300 Biscayne Blvd. Way #901
CITY-ST-ZIP Miami, FL 33131

TITLE VP ☐ Change ☒ Addition
NAME Ballabh, C.
STREET ADDRESS 300 Biscayne Blvd. Way #901
CITY-ST-ZIP Miami, FL 33131

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

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

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

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: J. LeCompte LeCompte, J. 11/12/01 (305)377-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMENDED FILED
DIVISION OF STATE
01 NOV 20 PM 6:23

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-12/05/01--01081--004
*****70.00 *****70.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)