

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90005 028 ***158.75

DOCUMENT # L93227

1. Entity Name
CYBEREX, INC.

Principal Place of Business

**444 BRICKELL
 STE 51-246
 MIAMI FL 33131**

Mailing Address

**444 BRICKELL
 STE 51-246
 MIAMI FL 33131**

2. Principal Place of Business

300 BISCAYNE BLVD. WAY

Suite, Apt. #, etc.

SUITE 901

City & State

MIAMI, FL

Zip

33131

Country

US

3. Mailing Address

300 BISCAYNE BLVD. WAY

Suite, Apt. #, etc.

SUITE #901

City & State

MIAMI, FL

Zip

33131

Country

US

4. FEI Number

65-0347289

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
 100 SE 2ND ST.
 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, 2002 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	<input checked="" type="checkbox"/> Delete
NAME	LECOMPTE, J.	
STREET ADDRESS	444 BRICKELL #51-246	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DELAVADOVA, A	<input checked="" type="checkbox"/> Delete
NAME	DELAVADOVA, A	
STREET ADDRESS	444 BRICKELL AVE, SUITE 51-246	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D-AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOMPTE, J.	
STREET ADDRESS	300 Biscayne Blvd. Way, Suite 901	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	P-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLAVEDOVA, A.	
STREET ADDRESS	300 Biscayne Blvd. Way, Suite 901	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLABH, C.	
STREET ADDRESS	300 Biscayne Blvd. way, Suite 901	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

(305) 377-0305

Daytime Phone #

CR2E034 (9/01)