2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005454

1. Entity Name
CYBEARCLUB, L.C.

FILED
Apr 05, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2915 WESTON ROAD	2915 WESTON ROAD
WESTON FL	WESTON FL
33331	33331

2. Principal Place of Business	3. Mailing Address
	4955 ORANGE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	
	DAVIE	FL

4. FEI Number	Applied For
65-0945144	Not Applicable

Zip	Country	Zip	Country
		33314	

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDA GENERICS, INC.	Name: ANDA, INC.
2915 WESTON ROAD	Street Address (P.O. Box Number is Not Acceptable): 2915 WESTON ROAD
WESTON FL	
33331 US	City WESTON FL Zip Code 33331

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 **SCOTT LODIN**
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   **04/05/2001** DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE MGRM	☐ Delete	TITLE MGRM	☒ Change ☐ Addition
NAME ANDA GENERICS, INC.		NAME ANDA , INC.	
STREET ADDRESS 2915 WESTON ROAD		STREET ADDRESS 2915 WESTON ROAD	
CITY-ST-ZIP WESTON FL 33331		CITY-ST-ZIP WESTON FL 33331	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/00)

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: Scott Lodin   VDS   04/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #