

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT #

L99000008870

1. Entity Name

CYBER OPERATIONS LLC

00 APR -3 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ng4118

Principal Place of Business

Mailing Address

2. Principal Place of Business

11380 PROSPERITY FARMS RD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 220A

Suite, Apt. #, etc.

City & State

Palm Bch Gardens, FL

City & State

4. FEI Number

65-0969049

Applied For

Not Applicable

Zip

Country

Zip

Country

33410

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

PHIL FECHTMAYER CPA  
11380 PROSPERITY FARMS ROAD  
STE 220A  
PALM BEACH GARDENS, FL 33410

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**

9.

MANAGING MEMBERS / MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~PRESIDENT MANUEL MGRIN~~  
RANDY LUKASIK  
7413 METZGER APT A  
ELMENDORF AFB, AK 99506

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~VICE PRESIDENT MANUEL MGRIN~~  
JAMES GROVES  
3056 59TH AVE  
VERO BEACH, FL 32966

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~VICE PRESIDENT MANUEL MGRIN~~  
PHIL FECHTMAYER  
2359 TREASURE ISLE DR # 30  
PALM Bch GARDENS, FL 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10.

ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300003219563--5

TITLE  
NAME  
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CITY-ST-ZIP

-04/24/00--01822-018  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/2/00

CR2E083 (11/99)