

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006081

1. Entity Name

THE NATIONAL CYBERAGENT ASSOCIATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90092 006 ****61.25

Principal Place of Business	Mailing Address
C/O DOUGLAS S. BELL 215 S. MONROE ST. TALLAHASSEE FL 32301	P.O. BOX 10095 TALLAHASSEE FL 32302-2095

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0960162	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELL, DOUGLAS S PENNINGTON, MOORE, WILKINSON, BELL DUNBAR 215 S. MONROE ST., 2ND FLOOR TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYNE, LISA 701 BRICKELL AVE., STE. 1850 MIAMI FL 33131 <input type="checkbox"/> Delete	T, D NAME STREET ADDRESS CITY-ST-ZIP	Layne, Lisa 701 Brickell Ave., Suite 1850 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, KARLA 701 BRICKELL AVE., STE. 1850 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reynolds, Karla 701 Brickell Ave., Suite 1850 Miami, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRA, MARTIN 701 BRICKELL AVE., STE. 1850 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cherry, Steffen 701 Brickell Ave., Suite 1850 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peterson, Yvonne 13341 SW 104 Ave Miami, FL 33176 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Johnson-Matzner, Brenda 332 SW 22 Street Pt. Lauderdale, FL 33315 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniels, Stefanie 3331 N.W. 177 Terr. Coral City, FL 33056 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Layne 5-5-00 305-810-1806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

DUJ 55741
DH N9800006081

D

Hernandez, Jose M.
30213 SW 161 ct
Homestead, FL 33033

D

Alonso, Jorge
650 N.W. 19th Street, Suite 600
Miami FL 33126

D

Mc Gahee
1450 N.E. 2nd Ave., Room 844
Miami FL 33132