

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90006 019 ****61.25

DOCUMENT # N98000006081

1. Entity Name

THE NATIONAL CYBERAGENT ASSOCIATION, INC.

Principal Place of Business

C/O DOUGLAS S. BELL
215 S. MONROE ST.
TALLAHASSEE FL 32301

Mailing Address

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

4. FEI Number

65-0960162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **REYNOLDS, KARLA**
STREET ADDRESS **701 BRICKELL AVE., STE. 1850**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DP** ☐ Change ☒ Addition
NAME **Saber, Asim**
STREET ADDRESS **2901 SW 149th Ave, Suite 200**
CITY-ST-ZIP **Miami FL 33027**

TITLE **D** ☒ Delete
NAME **URRA, MARTIN**
STREET ADDRESS **701 BRICKELL AVE., STE. 1850**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☒ Delete
NAME **CHERRY, STEFFEN**
STREET ADDRESS **701 BRICKELL AVE., STE 1850**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DS** ☐ Change ☒ Addition
NAME **Greif, Michael**
STREET ADDRESS **2901 SW 149th Ave, Suite 200**
CITY-ST-ZIP **Miami FL 33027**

TITLE **D** ☐ Delete
NAME **BOCEK, KATHLEEN**
STREET ADDRESS **701 BRICKELL AVE., STE 1850**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☒ Change ☐ Addition
NAME **BOCEK, Kathleen**
STREET ADDRESS **2901 SW 149th Ave, Suite 200**
CITY-ST-ZIP **Miami FL 33027**

TITLE **D** ☐ Delete
NAME **JOHNSON-MATZNER, BRENDA**
STREET ADDRESS **332 SW 22ND ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE **D** ☐ Change ☒ Addition
NAME **Hernandez, Jose**
STREET ADDRESS **30213 SW 161 Court**
CITY-ST-ZIP **Homestead FL 33033**

TITLE **D** ☐ Delete
NAME **DANIELS, STEFANIE**
STREET ADDRESS **3331 NW 177TH TER**
CITY-ST-ZIP **CAROL CITY FL 33056**

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

12. 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 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:

MONITORING REQUIRED Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/01

Date

954-392-2625

Daytime Phone #

CR2E037 (10/00)