

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004713

1. Entity Name
CYBERVIEW INTERNATIONAL CORP.

Principal Place of Business
2180 IMMOKALEE RD., STE. 206
NAPLES FL 34109

Mailing Address
2180 IMMOKALEE RD., STE. 206
NAPLES FL 34109

2. Principal Place of Business
3650 HACIENDA BLVD.

3. Mailing Address
3650 HACIENDA BLVD.

Suite, Apt. #, etc.
SUITE H

Suite, Apt. #, etc.
SUITE H

City & State
FORT LAUDERDALE

City & State
FORT LAUDERDALE

Zip
33314

Country
BROWARD

Zip
33314

Country
BROWARD

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
MARIO COPELENKO

Street Address (P.O. Box Number is Not Acceptable)
3650 HACIENDA BLVD., SUITE H

City
FORT LAUDERDALE

FL

Zip Code
33314

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
MARIO COPELENKO

DATE
4/20/01

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

(NOTE: Registered Agent signature required when resigning)

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ARNALDO GONZALES
3650 HACIENDA BLVD, SUITE H
FORT LAUDERDALE, FL. 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
ERIC LEE
3650 HACIENDA BLVD, SUITE H
FORT LAUDERDALE, FL. 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARIO COPELENKO
3650 HACIENDA BLVD, SUITE H
FORT LAUDERDALE, FL. 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/2/01
Daytime Phone #
(904) 790-6024



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)