

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90214 037 ***150.00

DOCUMENT # P00000010877

1. Entity Name

CYBERSTREET CAPITAL.COM, INC.

Principal Place of Business

184 DARTMOUTH STREET SUITE ONE
ROCHESTER NY 14607

Mailing Address

184 DARTMOUTH STREET SUITE ONE
ROCHESTER NY 14607

2. Principal Place of Business

183 Saint Paul Street

3. Mailing Address

183 Saint Paul Street

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Rochester NY

City & State

Rochester NY

Zip

14604

Country

USA

Zip

14604

Country

USA

4. FEI Number

650976419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSWICK, MARTIN P
320 51ST STREET COURT WEST
PALMETTO FL 34221

7. Name and Address of New Registered Agent

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

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 PD ☐ Delete
NAME KULIK, JUSTIN C
STREET ADDRESS 184 DARTMOUTH STREET SUITE ONE
CITY-ST-ZIP ROCHESTER NY 14607

TITLE D ☐ Delete
NAME KULIK, MICHAEL F
STREET ADDRESS 184 DARTMOUTH STREET SUITE ONE
CITY-ST-ZIP ROCHESTER NY 14607

TITLE VD ☐ Delete
NAME JOSWICK, MARTIN P
STREET ADDRESS 320 51ST STREET COURT WEST
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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: *Michael Kulik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kulik

3.12.01

Date

716-325-1730

Daytime Phone #

CR2E034 (10/00)