

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000016366

1. Entity Name

~~CYBERTOTEMS, INC.~~

CYBERTOTEMS NETWORKS, INC

Principal Place of Business

Mailing Address

4501 W. MCNAB ROAD, SUITE 15  
POMPANO BEACH FL 33069

4501 W. MCNAB ROAD, SUITE 15  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

12277 S.W. 55<sup>th</sup> St.

12277 S.W. 55<sup>th</sup> St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 901

Suite 901

City & State

City & State

Cooper City, FL

Cooper City FL

Zip

Zip

Country

Country

33330

USA

33330

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMITT, MARILYN K  
4501 W. MCNAB ROAD, SUITE 15  
POMPANO BEACH FL 33069

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLER, MARIA S  
11005 WHITEHAWK STREET  
PLANTATION FL 33324 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
John Miller  
11005 Whitehawk St  
Plantation, FL 33324 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
Jaime Silva  
12277 S.W. 55th St., Suite 901  
Cooper City, FL 33330 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

954-252-5728

Daytime Phone #

CR2E034 (10/00)

0134805

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90003 006 \*\*\*150.00

020593



DO NOT WRITE IN THIS SPACE