

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-03-2001 91100 010 ***150.00

DOCUMENT # P00000026712

1. Entity Name

CYBERDELIC, INC.

Principal Place of Business

22415 S W 61ST WAY, A-104
 BOCA RATON FL 33428

Mailing Address

22415 S W 61ST WAY, A-104
 BOCA RATON FL 33428

2. Principal Place of Business

22485 SW 61ST WAY

3. Mailing Address

22485 SW 61ST WAY

Suite, Apt. #, etc.

C-131

Suite, Apt. #, etc.

C-131

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33428

Country

PALM BEACH

Zip

33428

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PEREIRA, FEDERICO

22415 S W 61ST WAY, A-104
 BOCA RATON FL 33428

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]
 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 ☐ Delete

NAME *President*
Federico Pereira
 STREET ADDRESS *22485 SW 61st Way, C-131*
 CITY-ST-ZIP *Boca Raton, FL 33428*

TITLE ☒ Delete

NAME *Andres Gafaro*
 STREET ADDRESS *2200 S Ocean Dr. #314*
 CITY-ST-ZIP *Hollywood, FL 33019*

TITLE ☒ Delete

NAME *Marcelo Pereira*
 STREET ADDRESS *2501 S Ocean Dr. L12*
 CITY-ST-ZIP *Hollywood, FL 33019*

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

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-2001 954-848-8900

CR2E034 (10/00)