

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000108208**1. Entity Name
CYBEAR ACQUISITION CORP.Principal Place of Business
5000 BLUE LAKE DRIVE
SUITE 200
BOCA RATON FL 33431Mailing Address
4001 SOUTHWEST 47TH AVENUE
FT. LAUDERDALE FL 33314

2. Principal Place of Business

3. Mailing Address

4955 ORANGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: A. LICHTER

City & State

City & State
DAVIE FL

Zip

Country

Zip

Country

33314

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LODIN SCOTT
4001 SOUTHWEST 47TH AVENUE
FT. LAUDERDALE FL 33314 US

7. Name and Address of New Registered Agent

Name
LODIN SCOTT
Street Address (P.O. Box Number is Not Acceptable)
4955 ORANGE DRIVE
City
DAVIE 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 **SCOTT LODIN****04/06/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MALAHIAS ANGELO C	
STREET ADDRESS	4001 SW 47TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	LODIN SCOTT	
STREET ADDRESS	4001 SW 47TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN ALAN P	
STREET ADDRESS	4001 SW 47TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAHIAS ANGELO C	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODIN SCOTT	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN ALAN P	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Scott Lodin**

D

04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)