

9/20/01-90001-031-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110302
 1. Entity Name
HYPERWARP CORP

Principal Place of Business Mailing Address
8560 Dundee Tr 8560 Dundee Tr
MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **35-2012680** Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARY GWYNN
8560 Dundee Tr
MIAMI LAKES, FL 33014
 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 _____ DATE _____
(Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing))

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(5)(f), 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: GARY GWYNN / GARY GWYNN 9-9-2001 305-819-7750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Phone #)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 29 PM 2:15

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DO NOT WRITE IN THIS SPACE

AD

Division of Corporations
POB 1500
Tallahassee, FL 32302-1500

10/17/2001

Dear Sirs,

- Please find attached material regarding UBR filing which you sent to me. I talked to a very nice young lady at your 850-488-9000 number and she advised me of the following:

- 1) As we incorporated effective 1/1/2000 we did not need to file a UBR at this time. I thought we did so I filed one & remitted a check for \$550. She also advised me that we will need to file early in 2002.
- 2) She suggested that I contact your office in writing in regards to obtaining either a refund or getting our original check back or voided.

Would definitely desire a refund. If you can advise me in this regard, I would appreciate it.

Sincerely Yours,

Gary Gwynn, President (and Registered Agent)
hyperWarp Corp (P00000110302)