

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100001014Y
 1. Entity Name CYBER POINT CORP.
 2316 BAY DR. W. #6
 MIAMI BEACH-FL 33141-3483

Principal Place of Business Mailing Address
 2316 BAY DRIVE W S#6 SAME
 MIAMI BEACH-FL 33141

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

65-1075003

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

300020562133
 06/06/03--01010--019 **150.00

FILED

03 JUN -2 PM 1:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ELIO DANIEL PALERMO
 2316 BAY DR. W. #6
 MIAMI BEACH FL 33141

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, 2004 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 PRESIDENT
 NAME PALERMO, ELIO DANIEL
 STREET ADDRESS 2316 BAY DR. W. #6
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

7/6/03

Attachment

A & M ACCOUNTING & MANAGEMENT CO. INC.
PROFESSIONAL ACCOUNTING SERVICES & INCOME TAX
MEMBER OF NAT. SOCIETY OF ACCOUNTANTS

&

CERTIFIED TAX PROFESSIONALS

NOTARY PUBLIC

1691 NE. 123RD. ST. N. MIAMI, FLORIDA, 33181

TE# (305) 893-2670- FAX # (305) 893-7231

MAY 20, 2003

FLA. DEPT. OF STATE
DIV. OF CORPORATION

UNIFORM BUSINESS REPORT FILINGS

P.O. BOX 1500

TALLAHASSEE, FL. 32302-1500

DEAR SIR:

REF: CYBER-POINT CORP.

DOC.# PO1000010144 FILED ON 01/26/2001

THE PRESIDENT OF CYBER-POINT CORP. CONTACT US BECAUSE THEY DON'T UNDERSTAND WHY THEY HAVE PROBLEMS IF THEY PAID THE ANNUAL REPORT. (THEY SENT MONEY ORDER AND LOOKS LIKE WAS MISSING)

THEY NEVER RECEIVED LETTER O NOTICE UNTIL NOW.

FOR THIS REASON I ASK YOU PLEASE VOID THE PENALTIES AND ACCEPT THE \$ 150.00 FEE FOR THE YEAR 2002.

I ATTACH 2002 NEW REPORT AND CHECK PLUS 2003REPORT (CHECK WAS KEPT ALREADY BY DIV. OF CORP.)

ANY QUESTION PLEASE CONTACT OUR OFFICE.

THANK YOU VERY MUCH



AMELIA JAVIER

PUBLIC ACCOUNTANT