

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000098977

1. Entity Name

CYBER-FOX TRADING INC.

FILED
May 30, 2002 8:00 am
Secretary of State

04-17-2002 90160 043 ***150.00

DO NOT WRITE IN THIS SPACE

32664

2. Principal Place of Business 21904 SW 100 CT Suite, Apt. #, etc.	3. Mailing Address 21904 SW 100 CT Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL 33190
Zip 33190	Country USA

4. FEI Number 65-1145597	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ADAM DERWIGER	
Street Address (P.O. Box Number Is Not Acceptable) 21904 SW 100 CT	
City MIAMI	FL Zip Code 33190

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 date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$100.00
After May 1 Fee is \$500.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ADAM DERWIGER 21904 SW 100 CT MIAMI, FL 33190
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

(305) 793-2741