

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91790 013 ***150.00

DOCUMENT # P02000022694

1. Entity Name
CYBER TECHNOLOGY, INC.



Principal Place of Business
**9766 S.W. 24TH STREET
STE 5A
MIAMI FL 33165**

Mailing Address
**9766 S.W. 24TH STREET
STE 5A
MIAMI FL 33165**



2. Principal Place of Business
141 NE 37A AVE

3. Mailing Address
141 NE 37A AVE

Suite, Apt. #, etc.
#501

Suite, Apt. #, etc.
#501

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
68-049 1732

Applied For
Not Applicable

Zip
33132

Country
DADE

Zip
33132

Country
Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS H
9766 S.W. 24TH STREET
STE 5A
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

511 NW 82 AVE #412

City
MIAMI

FL

Zip Code
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANCHEZ, CARLOS H
9766 S.W. 24TH STREET
MIAMI FL 33165**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**511 NW 82 AVE #412
MIAMI, FL 33126**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 (786) 326-2522

Date Daytime Phone #

CR2E034 (10/02)