

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90187 034 ***150.00

DOCUMENT # P02000057039

1. Entity Name
CYBER-FAST COMPUTER SERVICES, INC.



Principal Place of Business
**1850 NE 186 ST APT 13-E
N MIAMI FL 33179**

Mailing Address
**1850 NE 186 ST APT 13-E
N MIAMI FL 33179**



2. Principal Place of Business

1840 NE 186th St

3. Mailing Address

1840 NE 186th St

Suite, Apt. #, etc.

Apt 2-H

Suite, Apt. #, etc.

Apt 2-H

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

04-3671811

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ANCHANTE, ROSA AMELLA

1850 NE 186 ST APT 13-E

N MIAMI FL 33179

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

SIGNATURE *Rosa Amella Anchante*

(NOTE: Registered Agent signature required when reinstating)

1/19/2003
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 **P** ☒ Delete
NAME **ANCHANTE, ROSA AMELIA**
STREET ADDRESS **1850 NE 186 ST APT 13-E**
CITY-ST-ZIP **N MIAMI FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Anchante, Rosa Amelia**
STREET ADDRESS **1840 NE 186th St Apt 2-H**
CITY-ST-ZIP **North Miami Beach 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Rosa Amella Anchante*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2003 *305-931-3194*
Date Daytime Phone #

CR2E034 (10/02)