

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-23-2003 90094 031 ***150.00

DOCUMENT # P02000078837

1. Entity Name
CYBER EDUCATION INC.



Principal Place of Business
7345 S W 107TH TERRACE
MIAMI FL 33156

Mailing Address
7345 S W 107TH TERRACE
MIAMI FL 33156

11008719



2. Principal Place of Business
10621 N. KENDALL DRIVE

3. Mailing Address
Suite, Apt. #, etc.
104

City & State
MIAMI FL

City & State

4. FEI Number
56-2282684

Applied For
Not Applicable

Zip
33176

Country
USA

Zip
Country

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

6. Name and Address of Current Registered Agent

SPECTOR, SHAWN
7345 S W 107TH TERRACE
MIAMI FL 33156

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **SPECTOR, SHAWN**
STREET ADDRESS **7345 S W 107TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T/D** ☐ **Change** ☒ **Addition**
NAME **STUART H. SPECTOR**
STREET ADDRESS **7345 SW 107 TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **V/D** ☐ **Change** ☒ **Addition**
NAME **REBECCA SPECTOR**
STREET ADDRESS **7345 SW 107 TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

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

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

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: **STUART H. SPECTOR** **1/13/03 305-621-6300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)