

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90168 028 ***150.00

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1. Entity Name
CYBER DIRECT CORP.



Principal Place of Business
15031 SW 138 TERR
MIAMI FL 33196

Mailing Address
15031 SW 138 TERR
MIAMI FL 33196



2. Principal Place of Business

3004 NW 72ND AVE.

Suite, Apt. #, etc.

3. Mailing Address

3004 N.W. 72 AVENUE

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida

City & State
MIAMI, FL

FEI Number
03-0482142

Applied For
Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANTONIO GARCIA, JOSE
3004 N.W. 72ND AVE.
MIAMI FL 33122

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

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	<input type="checkbox"/> Delete
	ANTONIO GARCIA, JOSE	15031 SW 138 TERR	MIAMI FL 33196	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VICE PRESIDENT (V)	MAYRA A. RODRIGUEZ	15031 SW 138 TERRALE		<input checked="" type="checkbox"/>

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, or shall like empowered.

SIGNATURE **REQUIRED** **JOSE ANTONIO GARCIA** **305-593-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **4/5/03** **Daytime Phone #** **1513**

CR2E034 (10/02)