

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

FILED
Apr 26, 2004 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000068537

1. Entity Name

SYBER SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4945 RIVIERA DRIVE

3. Mailing Address
4945 RIVIERA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
57-1174453

Applied For
Not Applicable

Zip Country
33146

Zip Country
33146

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
JAIME FAJARDO

Street Address (P.O. Box Number is Not Acceptable)
4945 RIVIERA DRIVE

City State Zip Code
CORAL GABLES FL 33146

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  JAIME FAJARDO

2/11/2004

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P, T, D
JAIME FAJARDO
4945 RIVIERA DRIVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, S, D
CARMEN FAJARDO
4945 RIVIERA DRIVE
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  JAIME FAJARDO

2/11/2004

305-661-3092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #