

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000067842**  
 1. Entity Name  
**CYBERBYTE, INC.**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**  
 04-05-2000 90120 009 \*\*\*150.00

Principal Place of Business Mailing Address  
**2145 Davie Blvd Suite 206**  
**FT. LAUDERDALE, FL 33312**

**831030**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**2145 Davie Blvd** **2145 Davie Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 206** **Suite 206**

City & State City & State  
**Fort Lauderdale FL** **FORT LAUDERDALE FL**  
 Zip Country Zip Country  
**33312 USA** **33312 USA**

4. FEI Number Applied For  
**65-0436584** Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Name and Address of New Registered Agent  
 Name  
**Gisele R. Edmonston**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2145 Davie Blvd.**  
 Suite 206  
 City  
**Ft. Lauderdale** **FL** Zip Code  
**33312**

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.  
 SIGNATURE *[Signature]* **GISELE EDMONSTON** **2/25/2000**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐  
 (See criteria on back)  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000! Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT</b><br><b>MICHEL A EDMONSTON</b><br><b>2145 DAVIE BLVD SUITE #206</b><br><b>FT. LAUD., FL 33312</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE PRESIDENT</b><br><b>GISELE R EDMONSTON</b><br><b>2145 DAVIE BLVD SUITE #206</b><br><b>FT. LAUD., FL 33312</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TREASURER</b><br><b>BETH A SHAW</b><br><b>2145 DAVIE BLVD SUITE #206</b><br><b>FT. LAUD., FL 33312</b>             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Beth A. Shaw** *[Signature]* **2/25/00** **(954)584-0210**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)