2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90285 014 ***150.00

DOCUMENT # P95000003194

1. Entity Name

CYBER CONCEPTS, INC.

Principal Place of Business	Mailing Address
SUITE 201 1400 W. FAIRBANKS AVE. WINTER PARK, FL 32789	SUITE 201 1400 W. FAIRBANKS AVE. WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
1400 W FAIRBANKS AVE	1400 W. FAIRBANKS AVE.
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: ORANGE	Zip: 32789 Country: ORANGE

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3289694 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BENJAMIN H. MOORE, CPA~~
1400 W. FAIRBANKS AVE.
WINTER PARK, FL 32789

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.

SIGNATURE

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

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	PRESIDENT, VP, S/T	☐ Delete
NAME	JOACHIM BERGER	
STREET ADDRESS	1400 W. FAIRBANKS STE 201	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature]   4/26/00   407-644-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #