

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90054 011 \*\*\*150.00

**DOCUMENT # P95000075439**

**1. Entity Name**  
**CYR, INC.**

<b>Principal Place of Business</b> 271-273 SW 33RD CT FT LAUDERDALE FL 33315 US	<b>Mailing Address</b> 217-273 SW 33RD CT FT LAUDERDALE FL 33315 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 65-0614444	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 MACDONALD, IAN  
 1221 SW 18TH STREET  
 FT LAUDERDALE FL 33315

**7. Name and Address of New Registered Agent**  
 Name: IAN MACDONALD  
 Street Address (P.O. Box Number is Not Acceptable): 1615 SW 15TH TER  
 City: FORT 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: *Ian MacDonald* DATE: 01/10/01  
Signature, typed or printed name of registered agent and title 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, 2001 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: D NAME: MACDONALD, IAN STREET ADDRESS: 1221 SW 18TH STREET CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: NAME: MACDONALD IAN STREET ADDRESS: 1615 SW 15TH TER CITY-ST-ZIP: FT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Ian MacDonald* Date: 01/10/01 Daytime Phone #: 954 700 9626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)