

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091405

1. Entity Name

CYBER NET CAFE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90039 013 ***150.00

Principal Place of Business

Mailing Address

~~1402 E. LAS OLAS
SUITE 207
FT. LAUDERDALE FL 33301~~

~~1402 E. LAS OLAS
SUITE 207
FT. LAUDERDALE FL 33301-2336~~

0304:000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1037 NE 17th Way
Suite, Apt. #, etc.

3. Mailing Address

1037 NE 17th Way
Suite, Apt. #, etc.

City & State
Ft Land FL
Zip
33304

Country
USA

City & State
Ft Land FL
Zip
33304

Country
USA

4. FEI Number 65-0692668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TANNENBAUM, BRETT J
1402 E. LAS OLAS BLVD., #207
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
Brett Tannerbaum
Street Address (P.O. Box Number is Not Acceptable)
1037 NE 17th Way
City
Ft Land FL Zip Code
33304

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

(NOTE: Registered Agent signature required when reinstating)

2/8/00

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	P	<input type="checkbox"/> Delete
NAME	TANNENBAUM, BRETT	
STREET ADDRESS	1402 E. LAS OLAS STE 207	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 954-764-3208
Date Daytime Phone #

CR2E034 (9/99)