

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90894 018 ***150.00

DOCUMENT # P95000093937

1. Entity Name
CYBERCOMMERCE NET CORP.

Principal Place of Business

6701 SUNSET DRIVE., #100
 SOUTH MIAMI FL 33143
 US

Mailing Address

6701 SUNSET DRIVE., #100
 SOUTH MIAMI FL 33143
 US

2. Principal Place of Business

15040 Egan Lane

3. Mailing Address

P O Box 165233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Lakes

City & State

Miami FL

Zip

33014

Country

US

Zip

33116-5233

Country

US

4. FEI Number

65-0626464

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LA FE, ERNESTO J ESQ
 6701 SUNSET DRIVE., #100
 SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Alberto Castillo

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

9455 S.W. 123 Av. Ct.

City Miami

FL

Zip Code

33186

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

Alberto Castillo

Alberto Castillo P/D

04/26/2002

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, 2002 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 PD
 NAME CASTILLO, ALBERTO ☐ Delete
 STREET ADDRESS 9111 SW 122ND AVE, #106
 CITY-ST-ZIP MIAMI FL

TITLE DS
 NAME KLUGE, LUIS F ☐ Delete
 STREET ADDRESS 9001 SW 122ND AVE, #110
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ Delete
 NAME COEN, OSCAR L
 STREET ADDRESS 1688 WEST AVE, PH#1
 CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☐ Delete
 NAME LUYTJES, MARTIN
 STREET ADDRESS 6890 SW 88 ST, B403
 CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete
 NAME FERNANDEZ, JESUS M
 STREET ADDRESS 900 BAY DR, #501
 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D ☒ Change ☐ Addition
 NAME Alberto Castillo
 STREET ADDRESS 9455 S.W. 123 Av. Ct.
 CITY-ST-ZIP Miami, FL 33186

TITLE D/S ☒ Change ☐ Addition
 NAME Kluge, Luis F.
 STREET ADDRESS 16647 SW 91 terrace
 CITY-ST-ZIP Miami, FL 33196

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D/T ☒ Change ☐ Addition
 NAME Luytjes, Martin
 STREET ADDRESS 5964 SW 64 Av.
 CITY-ST-ZIP Miami, FL 33143

TITLE D ☒ Change ☐ Addition
 NAME Fernandez, Jesus M.
 STREET ADDRESS 15040 Egan Lane
 CITY-ST-ZIP Miami Lakes 33014

TITLE ☐ Change ☐ 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:

Alberto Castillo

Alberto Castillo

04/26/2002

(305) 279-4508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)