

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096148

1. Entity Name

CYCLOPS INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90019 024 ***150.00

Principal Place of Business

5701 COLLINS AVE
 SUITE 1215
 MIAMI FL 33140

Mailing Address

~~5701 COLLINS AVE~~
~~SUITE 1215~~
~~MIAMI FL 33140 2335~~

2. Principal Place of Business

3. Mailing Address

344 3RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14D

City & State

City & State
 NEW YORK NY

Zip

Country

Zip
 10010

Country
 USA

4. FEI Number

65-0627190

Applied For

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

SIERRA, JIM
 9290 SUNSET DR
 SUITE 105
 MIAMI FL 33170

Name

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

5550 SW 97TH AVE

City
 MIAMI

FL

Zip Code
 33165

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] JIM SIERRA - R.A.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FERREYROS, CARLOS	
STREET ADDRESS	5701 COLLINS AVE SUITE 1215	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	344 3RD AVENUE #14D	
CITY-ST-ZIP	NEW YORK, NY 10010	
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] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS FERREYROS
 PRESIDENT

5/30/2000
 Date

Daytime Phone #

CR2E034 (9/99)