

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019861

1. Entity Name

CYBERTAINMENT SYSTEMS CORP.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90076 044 ***150.00

Principal Place of Business

1200 S. CONGRESS AVE.
#49WH
WEST PALM BEACH FL 33406
US

Mailing Address

1200 S. CONGRESS AVE.
#49WH
WEST PALM BEACH FL 33406-5117
US

2. Principal Place of Business

1661 S. CONGRESS AVE.

Suite, Apt. #, etc.

A

City & State

Zip

Country

3. Mailing Address

1661 S. CONGRESS AVE.

Suite, Apt. #, etc.

A

City & State

Zip

Country

4. FEI Number

65-0706239

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECHTOLD, BRUCE
1200 S. CONGRESS AVE., #49WH
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

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

1661 S. CONGRESS AVE., SUITE A

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	PCSD	<input type="checkbox"/> Delete
NAME	BECHTOLD, BRUCE	
STREET ADDRESS	1200 S. CONGRESS AVE., #49WH	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	CHRISTENSEN, SUSAN J	
STREET ADDRESS	9332 TALWAY CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCHBERG, GARY M.	
STREET ADDRESS	5779 ORANGE AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33314	
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 REQUIRED SUSAN J CHRISTENSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

561-966-4534

Daytime Phone #

CR2E034 (9/99)