## -2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000028219

CYBERTEC COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

2101 NORTHWEST 98TH AVENUE SUNRISE FL 33322

2. Principal Place of Business

2101 NORTHWEST 98TH AVENUE

SUNRISE FL 33322-3630

FILED Feb 02, 2000 8:00 am

**Secretary of State** 

02-02-2000 90129 048 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

4. FEI Number Zip Country

5. Certificate of Status Desired

65-0655106

\$8.75 Additional Fee Required

Applied For

Not Applicable

BRENN, DENNIS R. 2101 NW 98TH AVENUE SUNRISE FL 33322

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

7. Name and Address of New Registered Agent Name

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

Zip Code FI

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

STREET ADDRESS

TITLE

TITLE NAME

TITLE

NAME

CITY-ST-ZIF

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Zip

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

Country

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

City

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE BRENN, DENNIS R CEO COB NAME NAME 2101 NORTHWEST 98TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 ☐ Change ☐ Addition □ Delete TITLE JERINSKY, ALVIN CFO NAME NAME 2101 NORTHWEST 98TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33322 CITY-ST-ZIP - 🔄 - Change ----- 🔁 - Addition Delete TITLE .TITLE NAME NAME

> STREET ADDRESS CITY-ST-ZIP

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> NAME STREET ADDRESS CITY-ST-ZIP

☐ Change

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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:

DENNIS R. BRENN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR