

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUL-07-AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000048602 **R**

**1. Entity Name**  
Cyberscape International Corp.

**Principal Place of Business**  
3648 Henderson Blvd  
Tampa, FL 33609

**Mailing Address**  
8721 Santa Monica Blvd  
#426  
W. Hollywood, CA 90069

**2. Principal Place of Business**  
3648 Henderson Blvd  
Suite, Apt. #, etc.

**3. Mailing Address**  
8721 Santa Monica Blvd  
Suite, Apt. #, etc.  
#426

**City & State**  
Tampa, FL

**City & State**  
W. Hollywood, CA

**Zip**  
33609

**Country**  
USA

**Zip**  
90069

**Country**  
USA

07/07/2000 90461-043 \$150.00

**4. FEI Number**  
593382223

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
Dan Soto  
3648 Henderson Blvd  
Tampa, FL 33609

**7. Name and Address of New Registered Agent**

**Name**

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

**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** Dan Soto Secretary June 1, 2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Colt MacCaren - President <input type="checkbox"/> Change <input type="checkbox"/> Addition 5218 Bennington Dr Tampa, FL 33690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dan Soto - Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition 3648 Henderson Blvd Tampa, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Dan Soto Secretary June 1, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #