

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90056 045 \*\*\*150.00

DOCUMENT #

1. Entity Name  
CYBER DOCTORS, INC. P96000050034  
170 10727 W. DIXIE HWY STE 116  
N.M.B. FL 33160

Principal Place of Business  
ST: FL ACTIVE/FL PROFIT  
Mailing Address  
10727 W DIXIE HWY  
STE 116  
N.M.B. FL 33160

2. Principal Place of Business  
17029 WEST DIXIE HWY  
Suite, Apt. #, etc.  
3. Mailing Address  
17029 WEST DIXIE HWY  
Suite, Apt. #, etc.

City & State  
N.M.B. FL  
Zip 33160 Country  
City & State  
N.M.B. FL  
Zip 33160 Country

4. FEI Number  
65-0674106  
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

17029 WEST DIXIE HWY  
N.M.B. FL 33160  
CHARLES SKALET  
3300 NE 192 ST  
Aventura FL 33180  
Apt 1403

Name  
CHARLES SKALET  
Street Address (P.O. Box Number is Not Acceptable)  
3300 NE 191 ST APT 213  
City Aventura FL Zip Code 33180

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.  
DATE  
4/8/2000

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	MR	<input type="checkbox"/> Delete
NAME	CHARLES SKALET	
STREET ADDRESS	3300 NE 192 ST APT 1403	
CITY-ST-ZIP	Aventura FL 33180	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES SKALET	
STREET ADDRESS	3300 NE 191 ST APT 213	
CITY-ST-ZIP	Aventura FL 33180	
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: DATE: 4/8/2000 DAYTIME PHONE: 305-940-1164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)