

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90245 019 \*\*\*150.00

**DOCUMENT # P96000085368**  
 1. Entity Name  
**CYBER TECH INSTITUTE, INC.**

Principal Place of Business <b>6029 MEMORIAL HWY TAMPA FL 33615</b>	Mailing Address <b>6029 MEMORIAL HWY TAMPA FL 33615-4531</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-3408370** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FROST, ANNE  
 6029 MEMORIAL HWY  
 TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name **Benjamin, Angeli M.**  
 Street Address (P.O. Box Numbers Not Acceptable) **6029 Memorial Highway**  
 City **Tampa** FL Zip Code **33615**

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]* **Angeli Benjamin, Secretary** DATE **4/27/00**  
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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>FROST, ANNE</b> <b>6029 MEMORIAL HWY</b> <b>TAMPA FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>C</b> <b>FROST, ALAN</b> <b>6029 MEMORIAL HWY</b> <b>TAMPA FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP-IT</b> <b>MARR, NEIL</b> <b>6029 MEMORIAL HIGHWAY</b> <b>TAMPA, FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S</b> <b>BENJAMIN, ANGELI M.</b> <b>6029 MEMORIAL HIGHWAY</b> <b>TAMPA, FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P</b> <b>LIA, ROBERT</b> <b>27096 EVARD DRIVE</b> <b>CALASAS HILLS, CA 91391</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>FRIEDHEIM, STEPHEN B.</b> <b>4849 GREENVILLE AVE SUITE 200</b> <b>DALLAS, TX 75206</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>LIA, THERESA</b> <b>9840 GRAY FOX LANE</b> <b>PORT RICHEY, FLORIDA 34668-4109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DICKER, KEVIN</b> <b>HECKER, KEVIN</b> <b>3966 ARTHUR AVE. N.</b> <b>SEAFORD, NEW YORK 11783</b>

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]* **Secretary** DATE **4/27/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR