

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000085368

1. Entity Name

CYBER TECH INSTITUTE, INC.

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

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

Principal Place of Business

6029 MEMORIAL HWY  
TAMPA FL 33615

Mailing Address

6029 MEMORIAL HWY  
TAMPA FL 33615-4531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3408370

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

FROST, ANNE  
6029 MEMORIAL HWY  
TAMPA FL 33615

Name

Benjamin, Angeli M.

Street Address (P.O. Box Number is 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, typed or printed name of registered agent and title if applicable.

Angeli Benjamin, Secretary

DATE

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME FROST, ANNE  
STREET ADDRESS 6029 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 33615

TITLE VP-IT ☐ Change ☒ Addition  
NAME MARR, NEIL  
STREET ADDRESS 6029 MEMORIAL HIGHWAY  
CITY-ST-ZIP TAMPA, FL 33615

TITLE C ☐ Delete  
NAME FROST, ALAN  
STREET ADDRESS 6029 MEMORIAL HWY  
CITY-ST-ZIP TAMPA FL 33615

TITLE S ☐ Change ☒ Addition  
NAME BENJAMIN, ANGELI M.  
STREET ADDRESS 6029 MEMORIAL HIGHWAY  
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME LIA, ROBERT  
STREET ADDRESS 27096 EVARD DRIVE  
CITY-ST-ZIP CALASAS HILLS, CA 91391

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME FRIEDHEIM, STEPHEN B.  
STREET ADDRESS 4849 GREENVILLE AVE SUITE 200  
CITY-ST-ZIP DALLAS, TX 75206

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME LIA, THERESA  
STREET ADDRESS 9840 GRAY FOX LANE  
CITY-ST-ZIP PORT RICHEY, FLORIDA 34668-4109

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME DICKEP, KEVIN  
STREET ADDRESS HECKER, KEVIN  
CITY-ST-ZIP 3966 ARTHUR AVE. N.  
SEAFORD, NEW YORK 11783

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:

Angeli Benjamin, Secretary

4/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #