

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000090945**

1. Entity Name

CYBER MATRIX, INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90445 034 ***150.00

Principal Place of Business

9351 FOUNTAINBLEAU BLVD
SUITE B403
MIAMI FL 33172

Mailing Address

9351 FOUNTAINBLEAU BLVD
SUITE B403
MIAMI FL 33172-4283

2. Principal Place of Business

85 GRAND CANAL DR.

3. Mailing Address

85 GRAND CANAL DR.

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. FEI Number

65-0705870

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

SYED, WAHIDUDDIN**9365 FOUNTAIN BLUE BLVD. STE E121**
MIAMI FL 33172

Name

SYED WAHIDUDDIN

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

9351 FOUNTAIN BLEAU BLVD, suite 403

City

MIAMI**FL**

Zip Code

33172

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYED, ZIAUDDIN	NAME	
STREET ADDRESS	9365 FOUNTAIN BLUE BLVD. STE E121	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYED, WAHIDUDDIN	NAME	
STREET ADDRESS	9365 FOUNTAIN BLUE BLVD. STE E121	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SYED WAHIDUDDIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/23/2000 805-559 4427

CR2E034 (9/99)