

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100006

1. Entity Name

CIBYCOM, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90260 040 \*\*\*150.00

Principal Place of Business

Mailing Address

7921 SW 40 ST.  
SUITE 43  
MIAMI FL 33155

7921 SW 40 ST.  
SUITE 43  
MIAMI FL 33126-1112

2. Principal Place of Business

3. Mailing Address

1709 NW 79 AVE  
Suite, Apt. #, etc.

1709 NW 79 AVE  
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip  
33126

Country  
EEUU

Zip  
33126

Country  
EEUU

4. FEI Number 65-0712166

☒ 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

CARPENTER, MARCOS  
7921 SW 40 ST. UNIT #43  
MIAMI FL 33155

Name ALEJANDRA GONZALEZ

Street Address P.O. Box Number is Not Acceptable

9601 SW 142 AVE Apartment 402

City MIAMI

FL

Zip Code 33186

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.

ALEJANDRA GONZALEZ P.

02/03/2000

(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 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 D  
NAME VEGA, VICTOR  
STREET ADDRESS MANUEL SALAS 516  
CITY-ST-ZIP SANTIAGO, CHILE OC ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CONTRERAS, AUGUSTO  
STREET ADDRESS MANUEL SALAS 516  
CITY-ST-ZIP SANTIAGO, CHILE OC ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME GALAZ, CARLOS  
STREET ADDRESS MANUEL SALAS 516  
CITY-ST-ZIP SANTIAGO - CHILE OC ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME CARPENTER, MARCOS M  
STREET ADDRESS 13420 SW 128TH STREET  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE S  
NAME ALEJANDRA GONZALEZ  
STREET ADDRESS 9601 SW 142 AVE APT #402  
CITY-ST-ZIP MIAMI, FL 33186 ☐ Change ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR VEGA L.

02/03/2000

Date

562-238 8054

Daytime Phone #

CR2E034 (9/99)