

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100006

1. Entity Name

CIBYCOM, INC.

Principal Place of Business

1709 NW 79 AVE
MIAMI FL 33126

Mailing Address

1709 NW 79 AVE
SUITE 43
MIAMI FL 33126

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 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

GONZALEZ, ALEJANDRA

9601-SW-142 AVE APT 402
MIAMI FL 33186

Name

GONZALEZ, ALEJANDRA

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

13903 SW 91 Terrace

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

Alejandra Gonzalez

01-09-2001

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	VEGA, VICTOR	
STREET ADDRESS	MANUEL SALAS 516	
CITY-ST-ZIP	SANTIAGO, CHILE OC	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONTRERAS, AUGUSTO	
STREET ADDRESS	MANUEL SALAS 516	
CITY-ST-ZIP	SANTIAGO, CHILE OC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALAZ, CARLOS	
STREET ADDRESS	MANUEL SAL 516	
CITY-ST-ZIP	SANTIAGO, CHILE OC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALEJANDRA	
STREET ADDRESS	17909 NW 79TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	
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		<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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ALEJANDRA	
STREET ADDRESS	1709 NW 79 AVENUE	
CITY-ST-ZIP	MIAMI - FL 33126	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alejandra Gonzalez

Date

01-09-2001

Daytime Phone #

305-716-5451

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90023 020 ***150.00

C0006831



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)