

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90240 038 ***150.00

DOCUMENT # P96000100115

1. Entity Name

SOCIEDAD INTERNACIONAL DE ANALISIS CIBERNETICO.

Principal Place of Business

Mailing Address

1450 W. 68TH ST
STE B
HIALEAH FL 33014
US1450 W. 68TH ST
STE B
HIALEAH FL 33014-4527
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0758123

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HORNA, ENRIQUE
18802 NW 89TH AVE.
MIAMI FL 33018

Name

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

City

FL

Zip Code

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HORNA, ALCIVIADES	
STREET ADDRESS	10550 NW 77 CT. #207	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HORNA, ENRIQUE	
STREET ADDRESS	10550 NW 77 CT. #207	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HORNA, OLGA F	
STREET ADDRESS	10550 NW 77 CT. #207	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOPEZ, JORGE R	
STREET ADDRESS	10550 NW 77 CT. #207	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUEVARA, PABLO L	
STREET ADDRESS	10550 NW 77 CT. #207	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNA, RENAN	
STREET ADDRESS	10550 NW 77 CT. #207	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 W. 68 St Ste B	
STREET ADDRESS	Hialeah, FL 33014	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 W. 68 St Ste B	
STREET ADDRESS	Hialeah, FL 33014	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 W. 68 St Ste B	
STREET ADDRESS	Hialeah, FL 33014	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 W. 68 St Ste B	
STREET ADDRESS	Hialeah, FL 33014	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1450 W. 68 St Ste B	
STREET ADDRESS	Hialeah, FL 33014	
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

Date

Daytime Phone #

05/23/2000