

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
05-29-2002 90724 019 \*\*\*550.00

**DOCUMENT # P97000006570**

1. Entity Name  
**CYBER WAREHOUSE, INC.**

**Principal Place of Business**

**8216 NW 30 TERRACE  
MIAMI FL 33122  
US**

**Mailing Address**

**C/O HMPD  
16100 NE 16 AVENUE  
NORTH MIAMI BEACH FL 33162  
US**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**65-0720640**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, HARVEY  
8216 NW 30 TERRACE  
MIAMI FL 33122**

**7. Name and Address of New Registered Agent**

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, 2002 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  
NAME HERNANDEZ, HARVEY  
STREET ADDRESS 8216 NW 30 TERRACE  
CITY-ST-ZIP MIAMI FL 33122**

☐ Delete

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

☐ Change ☐ Addition

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/02 (305) 4428199**  
Date Daytime Phone #

CR2E034 (9/01)