

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90107 002 ***150.00

DOCUMENT # P97000013603
Entity Name
CYBER STORE, INC.

Principal Place of Business Mailing Address
WEST 76TH STREET 2100 WEST 76TH STREET
404 406
FL 33016 HIALEAH FL 33016-5504

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
906

City & State City & State
Sunny Isles, FL
Zip Zip Country Country
33160 us

4. FEI Number 65-0725884 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SUN, WEI
17800 N BAY RD #906
N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HSIEH, DONG-YANG		NAME		
STREET ADDRESS	211 NW 197 AVE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZIP		
TITLE	DTVS	<input checked="" type="checkbox"/> Delete	TITLE	PTSDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUN, WEI DR		NAME	WEI SUN	
STREET ADDRESS	2100 W 76TH STREET, SUITE 404		STREET ADDRESS	17800 N. Bay Rd. STE 406	
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP	Sunny Isles, FL 33160	
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
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: CEO, chairman, President 4/6/00 305-804-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #