

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094700  
Entity Name  
CYMBERKNOPF INVESTMENTS INC.

FILED  
Feb 29, 2000 8:00 am  
Secretary of State  
02-29-2000 90128 009 \*\*\*150.00

Principal Place of Business  
MITCHELL A. SILVER  
BOX 22-3592  
HOLLYWOOD FL 33022-3592

Mailing Address  
C/O MITCHELL A. SILVER  
PO BOX 22-3592  
HOLLYWOOD FL 33022-3592

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0792362  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CYMBERKNOPF, JONATHAN  
5900 JOHNSON ST  
HOLLYWOOD FL 33021-5638

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2648 WILSON STREET  
City HOLLYWOOD FL Zip Code 33020

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, 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		TITLE	
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NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		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 furnished 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: JONATHAN CYMBERKNOPF  
Date: 02-06-00  
Daytime Phone #: 954 724 8158

CR2E034 (9/99)