2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000004350 May 16, 2000 8:00 am Secretary of State CYBERTECH INVESTMENT GROUP, INC. 05-16-2000 90794 046 ***150.00 Mailing Address Principal Place of Business 250 GALEN DRIVE #24 250 GALEN DRIVE #24 KEY BISCAYNE FL 33149-2165 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address 250 GALEN DRIVE 250 GALEN DRIVE #21 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0819078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STICKEL Didier STICKEL, DIDIER J Street Address (P.O. Box Number is Not Acceptable) 250 GALEN DRIVE #24 **KEY BISCAYNE FL 33149** 250 GALON DRIVE 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change Addition HR. TITLE TITLE Delete STICKEL DIDIER J 250 GALEN DRIVE #21 STICKEL, DIDIER J NAME STREET ADDRESS STREET ADDRESS 250 GALEN DRIVE #24 CITY-\$T-ZIP CEY BISCAYNE FL 33149 CITY-ST-7IP **KEY BISCAYNE FL 33149** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS RTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Del TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS 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 attailment with an address, with all other like empowered.