

APR-23-01 MON 02:02 PM TAX HELP

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90229 040 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069883

1. Entity Name

CYBERTEX COMPUTER, INC

Principal Place of Business

Mailing Address

14119 S.W. 155 TERR 14119 S.W. 155 TERR
MIAMI, FL 33177. MIAMI, FL-33177

660011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

650857466

Applied For

Not Applicable

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

ABDUR ROSHID KHAN
14119 S.W. 155 TERR
MIAMI, FL-33177.

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 of Agent or Secretary of State (if applicable)

(NOTE: If agent or agent signature required when reporting)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back)

☐

10. 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: PD
NAME: ABDUR ROSHID KHAN
STREET ADDRESS:
CITY-ST-ZIP: 14119 S.W. 155 TERR, MIAMI FL-33177

☐ Change ☐ Addition

TITLE: SD
NAME: MOSHAMED NIRU
STREET ADDRESS:
CITY-ST-ZIP: 14119 S.W. 155 TERR, MIAMI FL-33177

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not conflict with information stated in Section 119.07(3)(f), 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 secretary 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 the empowered.

SIGNATURE:

AR. Khan

4/25/01

305-378-9609

SIGNATURE AND ADDRESS OF CURRENT AGENT OR SECRETARY OF STATE (IF APPLICABLE)

Date

Daytime Phone

CR2004 (9/99)