

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000087422**

1. Entity Name

**CYBEX INTERNATIONAL CORPORATION**

Principal Place of Business

**8850 SW 123 CT  
H-306  
MIAMI FL 33186  
US**

Mailing Address

**8850 SW 123 CT  
H-306  
MIAMI FL 33186  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYES, ALEJANDRO M  
8850 SW 123 CT  
H-306  
MIAMI FL 33186**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDT	<input type="checkbox"/> Delete
NAME	REYES, ALEJANDRO	
STREET ADDRESS	8850 SW 123 CT H-306	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	PRESIDENT & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEJANDRO REYES	
STREET ADDRESS	8850 S.W. 123 CT. H-306	
CITY-ST-ZIP	MIAMI, FL. 33186	

TITLE	VDS	<input checked="" type="checkbox"/> Delete
NAME	HENRIQUEZ, CLAUDIO	
STREET ADDRESS	8850 SW 123 CT H-306	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	VICE-PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERONICA VOGEL	
STREET ADDRESS	8850 S.W. 123 CT. H-306	
CITY-ST-ZIP	MIAMI, FL. 33186	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	IZQUIERDO, MARIA P	
STREET ADDRESS	8730 SW 133 AVE RD, APT 102	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	VOGEL, VERONICA	
STREET ADDRESS	8730 SW 133 AVE RD, APT 102	
CITY-ST-ZIP	MIAMI FL 33183	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 attachment with an address, with another like empowered.

SIGNATURE: **ALEJANDRO REYES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/01 (305) 772-8196

Date

Daytime Phone #

CR2E034 (10/00)