

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90494 041 \*\*\*150.00

**DOCUMENT # P98000093062**

1. Entity Name  
**CIBARIUS CORPORATION**

Principal Place of Business                      Mailing Address  
**7108 S.W. 97 LANE**                      **7108 S.W. 97 LANE**  
**GAINESVILLE FL 32608**                      **GAINESVILLE FL 32608**

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

City & State                      City & State

Zip                      Country                      Zip                      Country

4. FEI Number **59-3541172**                      Applied For  
Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CAMERON, CARA E**  
**2929 EAST COMMERCIAL BOULEVARD**  
**SUITE 410**  
**FORT LAUDERDALE FL**

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: ~~Richard V. Lechowich~~ **NO CHANGE REQUIRED**  
~~Richard V. Lechowich, Secretary, Treasurer 3/12/01~~  
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          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>WOLF, ISABEL D</b>                    |
| STREET ADDRESS | <b>7108 S.W. 97 LANE</b>                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32608</b>              |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>LECHOWICH, RICHARD V</b>              |
| STREET ADDRESS | <b>7108 S.W. 97 LANE</b>                 |
| CITY-ST-ZIP    | <b>GAINESVILLE FL 32608</b>              |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>WOLF, AUGUST L</b>                    |
| STREET ADDRESS | <b>1195 BRIDGE POINTE LANE</b>           |
| CITY-ST-ZIP    | <b>YORKTOWN HEIGHTS NY 10598</b>         |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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 all other like empowered.

SIGNATURE: **Richard V. Lechowich / Richard V. LECHOWICH**, **3/12/01** - **(352)371-0268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CRPE034 (10/00)