## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # P9900000333 1. Entity Name 05-06-2002 90030 031 \*\*\*150.00 CYBERPOWER, INC. Principal Place of Business Mailing Address 4700 N.W. 102ND AVE. 4700 N.W. 102ND AVE. Bannoois NO. 104 NO. 104 **MIAMI FL 33178 MIAMI FL 33178** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0885469 Not Applicable Zip . \_\_\_ Country\_\_ Country \$8.75 Additional 5.-Certificate of Status Desired - - -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANDAZO, OSCAR Street Address (P.O. Box Number is Not Acceptable) 4700 N.W. 102ND AVE. NO. 104 **MIAMI FL 33178** City Zip Code 8. The above named entity subpairs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed (NOTE: Registered Agent signature required when reinstating) 9. This corporation is exgible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME TANDAZO, OSCAR NAME STREET ADDRESS 4700 N.W. 102ND AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33178 CJTY-ST-7IP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP- -☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

æ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 gither like empowered.

301.591.5945

Daytime Phone #