

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90068 040 \*\*\*150.00

**DOCUMENT # P99000002763**

1. Entity Name

**CYBERATTACK, INC.**

R

Principal Place of Business

14215 SW 154 ST  
MIAMI FL 33177

Mailing Address

14215 SW 154 ST  
MIAMI FL 33177-1031

2. Principal Place of Business

3. Mailing Address

P.O. Box 770041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FLORIDA

Zip

Country

Zip  
33177

Country  
USA

4. FEI Number

23-08 492496-48-34

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

05-0885506

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JAMES F JR  
14215 SW 154 ST  
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, typed or printed name of registered agent and title if applicable.

JAMES F. BENNETT JR

(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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
BENNETT, JAMES F  
14215 SW 154 ST  
MIAMI FL 33177

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES F. BENNETT JR

5/1/00

305.234.5109

Date

Daytime Phone #

CR2E034 (9/99)