

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006195

1. Entity Name

CYBER WORKS DESIGN, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90031 020 ***150.00

Principal Place of Business

11035 S.W 138TH COURT
MIAMI FL 33186

Mailing Address

11035 S.W 138TH COURT
MIAMI FL 33186-3233

2. Principal Place of Business

7501-5 S. ARAGON BLVD

Suite, Apt. #, etc.

3. Mailing Address

7501-5 S. ARAGON BLVD

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0968749

Applied For

Not Applicable

Zip

33313

Country

U.S.A.

Zip

33313

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHEN, CHRISTINA
11035 S.W 138TH COURT
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

CHRISTINA CHONG

Street Address (P.O. Box Number is Not Acceptable)

7501-5 S. ARAGON BLVD

City

SUNRISE

FL

Zip Code

33313

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]

Signature type or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/04/00

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	CHRISTINA CHONG
CITY-ST-ZIP	7501-5 S. ARAGON BLVD. SUNRISE, FL 33313
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	CHRISTINA CHONG
CITY-ST-ZIP	7501-5 S. ARAGON BLVD. SUNRISE, FL 33313
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY/TREASURER
STREET ADDRESS	CHRISTINA CHONG
CITY-ST-ZIP	7501-5 S. ARAGON BLVD SUNRISE, FL 33313
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:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINA CHONG PRES

03/04/00

Date

(954) 578-1962

Daytime Phone #

CR2E034 (9/99)