

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006640

1. Entity Name

CIBERLYNX, INC.

Principal Place of Business

5651 N.W. 29TH STREET
MARGATE FL 33063

Mailing Address

5651 N.W. 29TH STREET
MARGATE FL 33063-1531

2. Principal Place of Business

550 Fairway Drive
Suite, Apt. #, etc.
Suite 210

3. Mailing Address

550 Fairway Drive
Suite, Apt. #, etc.
Suite 210

City & State

Deerfield Beach FL

City & State

Deerfield Beach, FL

Zip

Country

33441

Zip

Country

33441

4. FEI Number

650888440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELO, THOMAS P
600 N.E. THIRD AVENUE
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name Susan Jackson, CPA
Street Address (P.O. Box Number is Not Acceptable)
550 Fairway Drive
Suite 210
City Deerfield Beach FL Zip Code 33441

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

Susan Jackson Susan Jackson, CPA Corporate Controller 1/6/00
(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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPIEGEL, MICHAEL	
STREET ADDRESS	5651 N.W. 29TH STREET	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSCHMAN, JEFFREY S	
STREET ADDRESS	5651 N.W. 29TH STREET	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSCHMAN, ROBERT J	
STREET ADDRESS	5651 N.W. 29TH STREET	
CITY-ST-ZIP	MARGATE FL 33063	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Spiegel	
STREET ADDRESS	550 Fairway Drive	
CITY-ST-ZIP	Suite 210 Deerfield Beach FL 33441	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey Roschman	
STREET ADDRESS	6300 N.E. 1st Ave	
CITY-ST-ZIP	Third Floor FT. Lauderdale, FL 33334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Roschman	
STREET ADDRESS	6300 N.E. 1st Ave	
CITY-ST-ZIP	Third Floor FT. Lauderdale FL 33334	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Spiegel Michael Spiegel 1/6/00 (954) 418-6884
Date Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90178 019 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)