

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014733

1. Entity Name

CYBER ENTERTAINMENT NETWORK, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90060 028 \*\*\*158.75

Principal Place of Business

10011 PINES BLVD.  
 SUITE 101  
 PEMBROKE PINES FL 33024

Mailing Address

10011 PINES BLVD.  
 SUITE 101  
 PEMBROKE PINES FL 33024-6167

2. Principal Place of Business

5722 S. Flamingo  
 Suite, Apt. #, etc.  
 #311

City & State  
 Cooper City FL

Zip Country  
 33330 USA

3. Mailing Address

5722 S. Flamingo  
 Suite, Apt. #, etc.  
 #311

City & State  
 Cooper City FL

Zip Country  
 33330 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GAULKIN, JOEL M  
 4627 PONCE DE LEON BLVD.  
 2ND FLOOR  
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name J. Anderson  
 Street Address (P.O. Box Number is Not Acceptable)  
 5722 S. Flamingo Rd.  
 #311  
 City Cooper City, FL FL Zip Code 33330

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.

(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	PD	<input type="checkbox"/> Delete
NAME	GIFFORD, ROBERT	
STREET ADDRESS	10011 PINES BLVD. SUITE 101	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.W. Gifford	
STREET ADDRESS	5722 S. Flamingo #311	
CITY-ST-ZIP	Cooper City, FL 33330	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 (9/97)