

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90032 040 ***150.00

DOCUMENT # P9900002846

1. Entity Name
CYBERFIELDS INC

C0042111

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1015 W PINES ST
ORLANDO FL
32805

2. Principal Place of Business 3. Mailing Address
1015 W PINES ST **PO Box 55-5246**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO FL **ORLANDO FL**
Zip Zip Country Country
32805 **32855** **USA** **USA**

4. FEI Number Applied For
65-0905613 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANTHONY MORALE
1433 NE 5TH TERR.
FT LAUD 33304

7. Name and Address of New Registered Agent
Name **ASHMEED ALI**
Street Address (P.O. Box Number is Not Acceptable)
1015 W PINES STREET
City **ORLANDO FL** Zip Code **32805**

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 **Ashmeed Ali** **ASHMEED ALI** **3-15-2000**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORALE ANTHONY 1433 NE 5TH TERR FT LAUD FL 33304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALI, ASHMEED (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 55-5246 ORLANDO FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ashmeed Ali** **3-15-2000** **407 481 9992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #