

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90014 045 ***550.00

DOCUMENT # P99000050374

1. Entity Name
CYBERTRAN, INC.

Principal Place of Business
6401 S.W. 87TH AVE. STE. 100
MIAMI FL 33173

Mailing Address
6401 S.W. 87TH AVE. STE. 100
MIAMI FL 33173

80065406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10 W. 42 Ave
 Suite, Apt. #, etc.
4th Floor

3. Mailing Address
10 W. 42 Ave
 Suite, Apt. #, etc.
4th Floor

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-0931010**

Applied For
 Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEMENTE, JOSE
6401 S.W. 87TH AVE. STE. 100
MIAMI FL 33173

Name

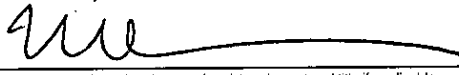
Street Address (P.O. Box Number is Not Acceptable)

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **CLEMENTE, JOSE**
 STREET ADDRESS **6401 SW 87 AVE, SUITE 100**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **10 W. 42 Ave**
 STREET ADDRESS **Miami FL**
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **FRIEDMAN, WILLIAM**
 STREET ADDRESS **6401 SW 87 AVE, SUITE 100**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME **10 W. 42 Ave**
 STREET ADDRESS **Miami FL**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01 305-442-0071

Date

Daytime Phone #

CR2E034 (5/01)