

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088284

1. Entity Name
CYBERNET 2000 CORP.

FILED

00 SEP 28 PM 4:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

00

Principal Place of Business
2999 NE 191ST STREET, STE. 608
MIAMI FL 33180

Mailing Address
2999 NE 191ST STREET, STE. 608
MIAMI FL 33180

2. Principal Place of Business
2999 NE 191st St, Ste. 700
Suite, Apt. #, etc.

3. Mailing Address
2999 NE 191st Street
Suite 700

City & State
Miami, FL 33180

City & State
Miami, Florida

4. FEI Number ☒ Applied For
Not Applicable

Zip Country

Zip Country
33180 U.S.A.

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

SHALEV, YAIR
2999 NE 191ST STREET, STE. 608 700
MIAMI FL 33180

Name
Street Address (P.O. Box Number is Not Acceptable)
400003417394-4
-10/06/00--01108--020
****758.75 ****758.75
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 Yair Shalev YAIR SHALEV 9/25/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	D	<input type="checkbox"/> Delete
NAME	SHALEV, YAIR	
STREET ADDRESS	2999 NE 191ST STREET, STE. 608	
CITY-ST-ZIP	MIAMI FL 33180	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yakir Dannon	
STREET ADDRESS	1875 NE 208 Terr.	
CITY-ST-ZIP	N. Miami Beach, FL 33179	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronen Szlaifer	
STREET ADDRESS	16483 NE 27th Ave.	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yair Shalev	
STREET ADDRESS	2999 NE 191st Street, Suite 700	
CITY-ST-ZIP	Miami, FL 33180	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian L. Sherman	
STREET ADDRESS	2999 NE 191st Street, Suite 700	
CITY-ST-ZIP	Miami, FL 33180	
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: Yair Shalev 9/25/00 (305) 692-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)