2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000091093** May 23, 2000 8:00 am Secretary of State CYBERTECH TRAVEL, INC. 05-23-2000 90198 023 ***150.00 Mailing Address Principal Place of Business 1308 N.E. 4TH STREET 1308 N.E. 4TH STREET FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-1236 3. Mailing Address 2. Principal Place of Business 1368 NE AT ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE REAR Suite Applied For City & State 4. FEI Number City & State Not Applicable T. LAUDEVS A LA Country \$8.75 Additional 5. Certificate of Status Desired 301 Fee Required ろとひひみをり 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLODIG, GREGORY J ESQ. Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, HIRSCHFIELD. RAKIN 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERDALE FL 33309 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE DEMARTINO, ERNIE NAME NAME 1308 N.E. 4TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE CIMBER, KERRY NAME STREET ADDRESS STREET ADDRESS 1308 N.E. 4TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 Delete Change ___ Addition TITLE TITLE JOHNSON, JOEL NAME NAME STREET ADDRESS 1308 N.E. 4TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 M Addition ☐ Change ☐ Delete TITLE TITLE BRUCE CARECCHIAN 837 NE 17TH TRIL NAME NAME STREET ADDRESS STREET ADDRESS 3T. LOUDRNIE FC 73330H CITY-ST-ZIP CITY-ST-7IP TT Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

Date

Date