

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90011 034 ***150.00

DOCUMENT # P99000091997

1. Entity Name
CYBERFILE, INC.



Principal Place of Business
55 OCEAN LANE DR. STE 2010
KEY BISCAYNE FL 33149

Mailing Address
1336 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALEY, BARRY L
1936 SOUTH ANDREWS AVENUE
FORT LAUDERDALE FL 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name, or applicable registered agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
NAME
SMITH, AMY J
STREET ADDRESS
55 OCEAN LANE DRIVE, STE. 2010
CITY-ST-ZIP
KEY BISCAYNE FL 33149

TITLE
NAME
PO BOX 49-1442
STREET ADDRESS
Key Biscayne FL 33149
CITY-ST-ZIP

TITLE
S
NAME
HALEY, BARRY L
STREET ADDRESS
1936 SOUTH ANDREWS AVENUE
CITY-ST-ZIP
FORT LAUDERDALE FL 33316

TITLE
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

4-3-3 (305) 790-5611

CR2E034 (10/02)