

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108591

1. Entity Name

CYBERDYNE INTEGRATED TECHNOLOGIES, INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90144 027 ***150.00

Principal Place of Business

Mailing Address

275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

2. Principal Place of Business

3910 N. ANDREWS AVE.

Suite, Apt. #, etc.

OAKLAND PARK, FL

City & State

3. Mailing Address

3910 N. ANDREWS AVE.

Suite, Apt. #, etc.

OAKLAND PARK, FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-6326392

Applied For

Not-Applicable

Zip

33309

Country

U.S.A.

Zip

33309

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCK, MICHAEL

275 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

LOUCKS, DAVID KASIR

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

3910 N. ANDREWS AVE.

City

OAKLAND PARK

FL

Zip Code

33309.

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.

DAVID K. LOUCKS PRESIDENT

4-28-00

(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 PD
NAME LOUCKS, DAVID KASIR
STREET ADDRESS 3910 N. ANDREWS AVE.
CITY-ST-ZIP OAKLAND PARK FL 33309

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE VP
NAME BLOCK, MICHAEL
STREET ADDRESS 3652 N. ANDREWS AVE.
CITY-ST-ZIP OAKLAND PARK, FL 33309.

☐ Change

☒ Addition

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CITY-ST-ZIP

☐ Change

☐ 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:

DAVID K. LOUCKS

4-28-00

954-564-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #