

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Jan 16, 2003 8:00 am  
Secretary of State

01-16-2003 90227 032 \*\*\*\*50.00

**DOCUMENT # L01000004406**

1. Entity Name  
**CYNERIC, LLC**

Principal Place of Business  
**2600 DOUGLAS RD. STE. PH-4  
CORAL GABLES FL 33134**

Mailing Address  
**2600 DOUGLAS RD. STE. PH-4  
CORAL GABLES FL 33134**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

4. FEI Number **65-1087350** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SHAW SNYDER, JENNIFER  
345 E COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent  
Name  
**MARIA EUGENIA AZNAREZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**332 NE 211 TERRACE**  
City  
**MIAMI** FL Zip Code  
**33179**

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 *MARIA EUGENIA AZNAREZ* **MARIA EUGENIA AZNAREZ** **01/10/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SAWICKI, DANIEL 2645 NE 207 STREET AVENTURA FL 33180</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR MARIA EUGENIA AZNAREZ 332 NE 211 TERRACE MIAMI FL 33179</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *MARIA EUGENIA AZNAREZ* **MARIA EUGENIA AZNAREZ** **01/10/03** **305-542-7180**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)