## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## P97000100757 **DOCUMENT#**

1. Entity Name

SYNERGY DEVELOPMENT CONSULTING, INC.



Mailing Address Principal Place of Business **4444444** 3741 SUNNY ISLES BLVD. STE. 183 3741 SUNNY ISLES BLVD. STE. 183 SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4, FEI Number 65-0798677 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEDINA, ANDREW Street Address (P.O. Box Number is Not Acceptable) 3741 SUNNY ISLES BLVD. STE. 183 SUNNY ISLES FL 33160 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition TITLE TITLE ☐ Defete MEDINA, ANDREW NAME NAME 3741 SUNNY ISLES BLVD. STE. 183 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES FL 33160 CITY-ST-ZIP TITLE Change Addition Delete TITLE NAME 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CIT TITL NAM STR CIT TITL NAN STE CIT

FILED Feb 13, 2003 8:00 am **Secretary of State** 

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12 of the corporation or the receiver for 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 h an address changed, or on an attachment w

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR