

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90063 035 ***150.00

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DOCUMENT # P00000114012

1. Entity Name
CYNERIC, INC.

Principal Place of Business
**1401 UNIVERSITY DRIVE STE 301
CORAL SPRINGS FL**

Mailing Address
**1401 UNIVERSITY DRIVE STE 301
CORAL SPRINGS FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
332 NE 211 Terrace

3. Mailing Address
332 NE 211 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-1063797

Applied For
☐ Not Applicable

Zip
33179

Country
USA

Zip
33179

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAW, JENNIFER
1401 UNIVERSITY DRIVE STE 301
CORAL SPRINGS FL**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/27/02

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, 2002 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
D

NAME
SHAW, JENNIFER

STREET ADDRESS
1401 UNIVERSITY DRIVE STE 301

CITY-ST-ZIP
CORAL SPRINGS FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE
Director

NAME
OSUALDO RODRIGUEZ

STREET ADDRESS
332 NE 211 Terrace

CITY-ST-ZIP
Miami - Florida 33179

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)