

2002 UNIFORM BUSINESS REPORT (UBR)

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

0184767 AV

DOCUMENT # P00000114012

1. Entity Name
 CYNERIC, INC.

04-08-2002 90063 035 ***150.00

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

Mailing Address
 1401 UNIVERSITY DRIVE STE 301
 CORAL SPRINGS FL



2. Principal Place of Business
 332 NE 211 Terrace

3. Mailing Address
 332 NE 211 Terrace

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida

4. FEI Number 65-1063797 Applied For Not Applicable

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

Zip 33179 Country USA

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 *Jennifer Shaw* DATE 2/27/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, JENNIFER 1401 UNIVERSITY DRIVE STE 301 CORAL SPRINGS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director OSUALDO RODRIGUEZ 332 NE 211 Terrace MIAMI - FLORIDA 33179 <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

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: *OSUALDO RODRIGUEZ*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)