

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90008 027 \*\*\*150.00

**DOCUMENT # L01000004406**

1. Entity Name  
**CYNERIC, LLC**

Principal Place of Business  
**1401 UNIVERSITY DRIVE  
 SUITE 301  
 CORAL SPRINGS FL 33071**

Mailing Address  
**1401 UNIVERSITY DRIVE  
 SUITE 301  
 CORAL SPRINGS FL 33071**

2. Principal Place of Business  
**332 NE 211 TERRACE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**332 NE 211 Terrace**  
 Suite, Apt. #, etc.

City & State  
**Miami FLORIDA**

City & State  
**Miami FLORIDA**

4. FEI Number  
**65-1087350**

Applied For  
 Not Applicable

Zip  
**33179**

Country  
**USA**

Zip  
**33179**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SHAW, JENNIFER  
 1401 UNIVERSITY DRIVE  
 SUITE 301  
 CORAL SPRINGS FL 33071**

**7. Name and Address of New Registered Agent**

Name **Jennifer Shaw Snyder**  
 Street Address (P.O. Box Number is Not Acceptable)  
**345 E. Commercial Blvd.**  
 City **Ft. Lauderdale** FL Zip Code **33334**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/27/02**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHAW, JENNIFER 1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member OSVALDO RODRIGUEZ 332 NE 211 TERRACE MIAMI FL 33179</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5-01)