

# 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**

3. Mailing Address

**332 NE 211 TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

4. FEI Number

**65-1087350**

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

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 **MGRM** ☒ Delete  
NAME **SHAW, JENNIFER**  
STREET ADDRESS **1401 UNIVERSITY DRIVE SUITE 301**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Managing Member** ☐ Change ☒ Addition  
NAME **OSVALDO RODRIGUEZ**  
STREET ADDRESS **332 NE 211 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **Managing Member** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2F083 (5-71)