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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Sep 10, 2001 8:00 am Secretary of State DOCUMENT # F00000001639 1. Entity Name 09-10-2001 90052 007 \*\*\*550.00 SMYNTEK ENTERPRISES, INC. Principal Place of Business Mailing Address 2385 EXECUTIVE CENTER DRIVE STE 100 2385 EXECUTIVE CENTER DRIVE STE 100 **BUU64434** BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 34-1894319 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMYNTEK, LAWRENCE P JR. Street Address (P.O. Box Number is Not Acceptable) 2385 EXECUTIVE CENTER DRIVE STE 100 **BOCA RATON FL 33431** 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. (5/01)TITLE Delete, TITLE ☐ Change Addition NAME ALEXANDER-SMYNTEK. THERESE STREET ADDRESS STREET ADDRESS 10457 CORALBERRY WAY CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE SMYNTEK, LAWRENCE P. JR. NAME SMYNTECK, LAWRENCE P JR. NAME STREET ADDRESS 2385 EXECUTIVE CENTER DRIVE STE 100 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Statules. 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 addy ss. with all other like empowered.