2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

FILED **DOCUMENT # K83263** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** SYNERGY FINANCIAL GROUP, INC. 02-02-2000 90027 007 ***158.75 Principal Place of Business Mailing Address 6100 HOLLYWOOD BLVD. 6100 HOLLYWOOD BLVD. STE. #430 STE. #430 HOLLYWOOD FL 33024 HOLLYWOOD FL 33024-7982 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 4. FEI Number 65-0123323 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, JORGE E Street Address (P.O. Box Number is Not Acceptable) 6100 HOLLYWOOD BLVD. STE. #430 HOLLYWOOD FL 33024 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ■ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME GONZALEZ, JORGE E STREET ADDRESS STREET ADDRESS 6100 HOLLYWOOD BLVD. #430 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME GONZALEZ, JORGE E. STREET ADDRESS STREET ADDRESS 6100 HOLLYWOOD BLVD. STE. #430 CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33024** ☐ Delete Change ☐ Addition TITLE TITLE NAME -NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 trusted empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is gnature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if