

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90059 020 \*\*\*158.75

**DOCUMENT # K83263**

1. Entity Name  
**SYNERGY FINANCIAL GROUP, INC.**

Principal Place of Business  
 6100 HOLLYWOOD BLVD.  
 STE. #430  
 HOLLYWOOD FL 33024  
 US

Mailing Address  
 6100 HOLLYWOOD BLVD.  
 STE. #430  
 HOLLYWOOD FL 33024  
 US

**00029181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1851 N.W. 125 AVE**  
 Suite, Apt. #, etc.  
**SUITE 220**  
 City & State  
**PEMBROKE PINES, FL**  
 Zip  
**33028** Country  
**USA**

3. Mailing Address  
**1851 N.W. 125 AVE.**  
 Suite, Apt. #, etc.  
**SUITE 220**  
 City & State  
**PEMBROKE PINES, FL**  
 Zip  
**33028** Country  
**USA**

4. FEI Number **65-0123323** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ, JORGE E**  
**6100 HOLLYWOOD BLVD.**  
**STE. #430**  
**HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1851 N.W. 125 AVE.**  
**SUITE 220**  
 City  
**PEMBROKE PINES** FL Zip  
**33028**

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 **JORGE E. GONZALEZ** DATE **03/23/01**  
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, 2001 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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | PVS                            | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, JORGE E              |                                 |
| STREET ADDRESS | 6100 HOLLYWOOD BLVD. #430      |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33024             |                                 |
| TITLE          | TD                             | <input type="checkbox"/> Delete |
| NAME           | GONZALEZ, JORGE E.             |                                 |
| STREET ADDRESS | 6100 HOLLYWOOD BLVD. STE. #430 |                                 |
| CITY-ST-ZIP    | HOLLYWOOD FL 33024             |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS | 1851 N.W. 125 AVE. #220  |                                                                              |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33028 |                                                                              |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS | 1851 N.W. 125 AVE. #220  |                                                                              |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33028 |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| 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 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 employment.

SIGNATURE: **JORGE E. GONZALEZ, PRES.** DATE **03/23/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)