

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90099 011 \*\*\*\*55.00

**DOCUMENT # L01000005133**

1. Entity Name

**SYNCONSULT, L.L.C.**

Principal Place of Business

**1320 SOUTH DIXIE HIGHWAY  
 SUITE 450  
 CORAL GABLES FL 33146**

Mailing Address

**1320 SOUTH DIXIE HIGHWAY  
 SUITE 450  
 CORAL GABLES FL 33146**

2. Principal Place of Business

**7270 NW 12TH STREET**

3. Mailing Address

**7270 NW 12TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**FN 65-1116964**

Applied For

Not Applicable

Zip

**33126**

Country

**USA**

Zip

**33126**

Country

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDELMAN, STUART J ESQ.  
 1320 SOUTH DIXIE HIGHWAY  
 SUITE 450  
 CORAL GABLES FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **MORALES PEREZ, JOSE**  
 STREET ADDRESS **PLAZA CENTRAL 3ER. NIVEL SUITE 357**  
 CITY-ST-ZIP **SANTO DOMINGO REPUBLICA DOMI**

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **MORALES PEREZ, JULIO**  
 STREET ADDRESS **PLAZA CENTRAL 3ER NIVEL SUITE 357**  
 CITY-ST-ZIP **SANTO DOMINGO REPUBLICA DOMI**

TITLE **MGRM** ☐ Delete  
 NAME **HERRERAS ESPINO, JOSE ALBERTO**  
 STREET ADDRESS **NUNEZ DE CACERES 312, SECTOR EL MILLON**  
 CITY-ST-ZIP **SANTO DOMINGO REPUBLICA DOMI**

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

TITLE ☐ Delete  
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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**

**JUNE 25 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)