

2000 UNIFORM BUSINESS REPORT (UBR)

0017408 SP

DOCUMENT # L94000000315
 1. Entity Name
CYNTEX INVESTMENTS, L.C.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 14 PM 2:21

Principal Place of Business
 17760 FIELDBROOK CIRCLE
 BOCA RATON FL 33496

Mailing Address
 17760 FIELDBROOK CIRCLE
 BOCA RATON FL 33496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0504681**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
WOLLSTEIN, EDWARD
17760 FIELDBROOKS CIR.
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME MGRM WOLLSTEIN, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS 17760 FIELDBROOK CIR.	
CITY-ST-ZIP BOCA RATON FL 33496	
TITLE NAME MGRM WOLLSTEIN, CYNTHIA	<input type="checkbox"/> Delete
STREET ADDRESS 17760 FIELDBROOK CIR.	
CITY-ST-ZIP BOCA RATON FL 33496	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 *****50.00 Change Addition

mf 2/23/00

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 Date 2/10/00 Daytime Phone # _____

CR2E083 (9/99)