

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002184

1. Entity Name

SYNERGY OF UNIVERSAL LIGHT, INC.

Principal Place of Business

6220 ALMOND TERR
PLANTATION FL 33317-2500

Mailing Address

6220 ALMOND TERR
PLANTATION FL 33317-2500

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

METRAUX, FRANCOIS
6220 ALMOND TERR
PLANTATION FL 33317-2500

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME METRAUX, GINGER C
STREET ADDRESS 6220 ALMOND TERR
CITY-ST-ZIP PLANTATION FL 33317-2500

TITLE D ☐ Delete
NAME METRAUX, FRANCOIS
STREET ADDRESS 6220 ALMOND TERR
CITY-ST-ZIP PLANTATION FL 33317-2500

TITLE D ☐ Delete
NAME SEELY, ADRIANAH
STREET ADDRESS 8054 NW 10TH ST.
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS METRAUX, FRANCOIS D.
CITY-ST-ZIP SAME

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 660 NE 11th AVE #3
CITY-ST-ZIP FT LAUDERDALE, FL 33304

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Francois Metraux, Dir 1/27/2000 (954) 321-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)