

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080608

1. Entity Name
CYNLEX, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90301 030 ***150.00

Principal Place of Business
50 TORCHWOOD AVENUE
PLANTATION FL 33324

Mailing Address
50 TORCHWOOD AVENUE
PLANTATION FL 33324

2. Principal Place of Business
1000 RIVER REACH DR
Suite, Apt. #, etc.
419

3. Mailing Address
1000 RIVER REACH DR
Suite, Apt. #, etc.
419



DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE, FL
Zip
33315
Country
BROWARD

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FT LAUDERDALE, FL
Zip
33315
Country
BROWARD

4. FEI Number
65-1069699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTNER, CYNTHIA
50 TORCHWOOD AVENUE
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D GENTNER, CYNTHIA	50 TORCHWOOD AVENUE	PLANTATION FL 33324	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1000 RIVER REACH DR #419	FT LAUDERDALE, FL 33315	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)