

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117012

1. Entity Name

SINERGY, INC.

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90003 017 ***163.75

Principal Place of Business

Mailing Address

20517 S.W. 2ND STREET
PEMBROKE PINES FL 33029

20517 S.W. 2ND STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

3. Mailing Address

P.O. Box 297424

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL

Zip

Country

Zip

Country

33029

4. FEI Number

65-1068485

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

MAGAROLAS, MAURICIO ESQ.
815 PONCE DE LEON BLVD.
SECOND FLOOR
CORAL GABLES FL 33134-3007

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

~~President~~
~~Anita Gomez~~
~~20517 S.W. 2nd Street~~
~~Pembroke Pines, FL 33029~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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President
Anita Gomez
20517 S.W. 2nd Street
Pembroke Pines, FL 33029

☐ Change ☒ Addition

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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:

Anita Gomez

Feb 8, 2001 (954) 409-2303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)