

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000111377

1. Entity Name

SINERGIA DADE INC.



03 NOV 26 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15120 SW 170 TE.

Suite, Apt. #, etc.

3. Mailing Address
15120 SW 170 TE.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

Zip
33187

Country

City & State
MIAMI, FLORIDA

Zip
33187

Country

REINSTATEMENT

03

4. FEI Number
04-3651270

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Carlos Macedo

Street Address (P.O. Box Number is Not Acceptable)
9745 Miller Drive

City
Miami

FL

Zip Code
33165

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SALGADO, EMILIO
15120 SW 170 TE. MIAMI FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SALGADO, YASCALI
15120 SW 170 TE. MIAMI FL 33187

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SALGADO, DIOMI
15120 SW 170 TE. MIAMI FL 33187

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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800025045068
11/26/03-01006-004 **\$150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIO SALGADO

10/01/2003

305 238-0900

Date

Daytime Phone #

CR2E034E (12/02)



C & S International Group, Inc.

CONFIDENCE & SECURITY * CONFIANZA Y SEGURIDAD
ACCOUNTING - INCOMETAX - NOTARY PUBLIC

Miami, November 20, 2003

Florida Department of State
Uniform Business Report Fillings
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

REF.-
DOCUMENT
ENTITY
F.E.I.

2003 Uniform Business Report
P01000111377
SINERGIA DADE INC.
04-3651270

Gentleman:

Enclosed please find a check number 1578, for \$150.00 to cover the annual fees for the year 2003 for this corporation.

We are requesting the wave of the penalty for non-filing the Annual Report on time for the above years due to two specific reasons:

- 1.- The owner and president of this corporation was having health problems during all this time and now this corporation is coming back to the working force.
- 2.- This Corporation has never received the UBR form to file for the above year or it was lost in the mail.

Thank you in advance for your help in solving this matter and if you need any additional information please do not hesitate to call our office at any time. Please advise us of the action taken.

Sincerely,

Carlos Macedo
President