

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JAN 20 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000096405

1. Entity Name
SYNERGY PROPERTY SERVICES, INC.



Principal Place of Business
930 SOUTH STATE ROAD 7
PLANTATION, FL 33317

Mailing Address
930 SOUTH STATE ROAD 7
PLANTATION, FL 33317



2. Principal Place of Business

3. Mailing Address

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
52-2382359

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

WEINTRAUB, PETER B
2650 N MILITARY TRAIL #150
BOCA RATON, FL 33431

Name

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

100027481321
01/23/04--01016--014 **158.75

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. 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

Amended AR is \$61.25

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
D STERN, BEN
930 SOUTH STATE ROAD 7
PLANTATION, FL 33317 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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Business Entity Name

SYNERGY PROPERTY SERVICES, INC.

FEI Number

522382359

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No \$8.75 each

Principal Place of Business

Address

930 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

Mailing Address

Address

930 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

City, State

PLANTATION

FL

Zip Code & Country

33317

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

WEINTRAUB

PETER

B

-or- RA Business Name

Address

2650 N MILITARY TRAIL #150

Suite, Apt. #, etc.

City, State

BOCA RATON

FL

Zip Code & Country

33431

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA.

Registered Agent Signature

3064



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Business Entity Name

SYNERGY PROPERTY SERVICES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	D	
Name (Last, First, Middle, Title)	STERN	BEN
-or- Entity Name		
Street Address	930 SOUTH STATE ROAD 7	
City, State	PLANTATION	FL
Zip Code & Country	33317	
Title		
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		
Title		
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		
Title		
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		

4 of 4

City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature Ben Stern

Continue

Reset

Start Over

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