

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90077 010 \*\*\*158.75

0107806

DOCUMENT # P93000044265

1. Entity Name

~~SYNALOVSKI GUTIERREZ ARCHITECTS, INC.~~

**SYNALOVSKI GUTIERREZ ROMANIK ARCHITECTS,**

Principal Place of Business

Mailing Address

3109 STIRLING RD  
 SUITE 202  
 FT. LAUDERDALE FL 33312  
 US

3109 STIRLING ROAD  
 SUITE 202  
 FT. LAUDERDALE FL 33312  
 US

2. Principal Place of Business

**3950 N. 46th Ave.**

3. Mailing Address

**#3950 N. 46th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Hollywood**

**Hollywood**

City & State

City & State

**Florida**

**Florida**

Zip **33021**

Country **USA**

Zip **33021**

Country **USA**

6. Name and Address of Current Registered Agent

SYNALOVSKI, MANUEL  
 3109 STIRLING RD  
 SUITE 202  
 FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **SYNALOVSKI, MANUEL**

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

**#3950 N. 46th Ave.**

**Hollywood**

City

**FLORIDA**

**FL**

Zip Code

**33021**

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

**3/8/01**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SYNALOVSKI, MANUEL	
STREET ADDRESS	3109 STIRLING RD. #202	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GUTIERREZ, JORGE A	
STREET ADDRESS	3109 STIRLING ROAD SUITE #202	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SYNALOVSKI, LISA H	
STREET ADDRESS	3109 STIRLING ROAD, SUITE #202	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	<del>END</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SALE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>#3950 N. 46th Ave.</b>	<b>Address only</b>
STREET ADDRESS	<b>Hollywood, FL 33021</b>	
CITY-ST-ZIP		
TITLE	<b>SALE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>#3950 N. 46th Ave.</b>	<b>Address only</b>
STREET ADDRESS	<b>Hollywood, FL 33021</b>	
CITY-ST-ZIP		
TITLE	<b>SALE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>#3950 N. 46th Ave.</b>	<b>Address only</b>
STREET ADDRESS	<b>Hollywood, FL 33021</b>	
CITY-ST-ZIP		
TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MERRILL ROMANIK</b>	
STREET ADDRESS	<b>#3950 N. 46th Ave.</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MANUEL SYNALOVSKI, PRESIDENT** **3/8/01**

Date

Daytime Phone #

**954-561-6806**

CR2E034 (10/00)