

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90067 037 \*\*\*150.00

DOCUMENT # **P93000088009**

Entity Name

**CYNERGY MARKETING INC.**

Principal Place of Business Mailing Address  
**251 CRANDON BLVD. #437**  
**KEY BISCAWNE, FL 33149**

**651679**

2. Principal Place of Business 3. Mailing Address  
**251 CRANDON BLVD** **251 CRANDON BLVD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**437** **437**  
 City & State City & State  
**KEY BISCAWNE, FL** **KEY BISCAWNE, FL**  
 Zip Country Zip Country  
**33149** **USA** **33149** **USA**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**ED HAMMAT** Name **FERNANDO RODRIGUEZ**  
**7900 RED RD #300** Street Address (P.O. Box Number is Not Acceptable)  
**S. MIAMI, FL** **701 PONCE DE LEON BLVD**  
**(deceased)** **#501**  
**33143 US** City **CORAL GABLES** **FL** Zip Code **33134**

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 **Fernando Rodriguez** **4-24-00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE  
**ACCOUNTANT**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2000 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                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                 | 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 like empowered.

SIGNATURE: **Cynthia Cutler** **CYNTHIA CUTLER** **4-24-00** **305-540-5050**  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

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651679

# Corporate Inquiry Menu

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| Florida Division of Corporations Public Access  | Corporate Inquiry Menu:<br>Please select an inquiry type from the list below, then enter a search key in the search field. Press <b>SEARCH</b> to begin the search.   |
|---|---|
| <b>Inquiry by:</b><br><input type="radio"/> Corporation / Trademark Name<br><input type="radio"/> Officer / Registered Agent Name<br><input type="radio"/> Registered Agent Name<br><input type="radio"/> Trademark Owner Name<br><input type="radio"/> FEI Number<br><input type="radio"/> Document Number<br><input type="radio"/> Trademark Name | 4/24/00 CORPORATE DETAIL RECORD SCREEN<br>NUM: P93000088009 ST:FL ACTIVE/FL PROFIT FLD: 12/28/1993<br>FEI#: 65-0460977<br>NAME : CYNERGY MARKETING, INC.<br>PRINCIPAL: 251 CRANDON BLVD., #437<br>ADDRESS KEY BISCAYNE, FL 33149<br>RA NAME : HAMMATT, ED NAME<br>RA ADDR : 7900 RED RD 26 ADDR<br>#300<br>S MIAMI, FL 33143 US<br>ANN REP : (1997) B 05/08/97 (1998) B 01/20/98 (1999) P |
| <b>Search String:</b><br><input type="text"/>   |   |
| <input type="button" value="Search"/><br><a href="#">HomePage</a>   | <a href="#">Officers</a><br><br>----- THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION C<br><a href="#">Document Image</a>  |