

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90083 005 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P95000072597</b>	
1. Entity Name <b>SYNERGY BILLING ASSOCIATES, INC.</b>	
Principal Place of Business <b>1316 WEST 60 TERRACE HIALEAH FL 33012 US</b>	Mailing Address <b>P.O. BOX 12-7148 HIALEAH FL 33012 US</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0608318</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SOSA, ARLEEN M 1316 WEST 60TH TERRACE HIALEAH FL 33012</b>	7. Name and Address of New Registered Agent Name <b>Mario Cabrera</b> Street Address (P.O. Box Number is Not Acceptable) <b>1316 W. 60 Terrace</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>
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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]* **MARIO CABRERA**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **R. Agent, PVTs**  
DATE **1/3/2003**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTs SOSA, ARLEEN M 1316 WEST 60TH TERRACE HIALEAH FL 33012</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTs Mario Cabrera 1316 W. 60 Terrace Hialeah, FL 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOSA, ARLEEN M 1316 W 60 TERR HIALEAH FL 33012</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mario Cabrera 1316 W. 60 Terrace Hialeah, FL 33012</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **MARIO CABRERA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PVTs, D**  
Date **1/2/2003** Daytime Phone # **(305) 558-2038**

CR2E034 (10/02)