

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006797

1. Entity Name

CYNDEL CORP

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90080 006 ***150.00

Principal Place of Business

Mailing Address

14430 MONTEVISTA RD
GROVELAND FL 34736

14430 MONTEVISTA RD
GROVELAND FL 34736-9309

2. Principal Place of Business

3. Mailing Address

1745 CRESTVIEW DR.

1745 CRESTVIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT. DORA FL

City & State

MT. DORA FL

4. FEI Number

59-3357592

Applied For

Not Applicable

Zip

32757

Country

LAKE

Zip

32757

Country

LAKE

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

DE LA HOZ, JORGE
14430 MONTEVISTA RD
GROVELAND FL 34736

Name

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

1745 CRESTVIEW DR.

City

MT. DORA

FL

Zip Code
32757

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]

JORGE A. DELAH02

03-01-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 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	D	<input type="checkbox"/> Delete
NAME	DE LA HOZ, JORGE	
STREET ADDRESS	14430 MONTEVISTA RD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	D LA HOZ, CINDY	
STREET ADDRESS	14430 MONTEVISTA RD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1745 CRESTVIEW DR.	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1745 CRESTVIEW DR.	
CITY-ST-ZIP	MT. DORA FL 32757	
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		
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)(l), 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:

[Signature]

JORGE A. DELAH02

03-01-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)