AUG.17.2000 9:58AM ...M BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State
08-16-2001 90010 021 ***158.75

DOCUMENT # P96000041096

1. Entity Name
SYNETHEC ELECTRICAL NETWORK INC

Principal Place of Business
7340 N W 38th STREET #3
HOLLYWOOD FL 33024

Mailing Address
THE SAME

D0061480

2. Principal Place of Business
7340 N W 38th STREET
Suite, Apt #, etc. 3
City & State HOLLYWOOD FL
Zip 33024 Country BROWARD

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0678175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ADEKUNLE OGUNDEJI
7340 N.W. 38 STREET #3
HOLLYWOOD FLORIDA 33024

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE ______________________ (signed)
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

TITLE	Mr ☐ Delete
NAME	ADEKUNLE OGUNDEJI
STREET ADDRESS	7340 N W 38 STREET #3
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	VICE PRESIDENT ☐ Delete
NAME	WILLIAMS R. BRADFORD
STREET ADDRESS	40 N.E. 186 TERRACE
CITY-ST-ZIP	MIAMI FL 33162
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: (signed) ADEKUNLE OGUNDEJI 8/11/2001 11:00Am
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #