2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000092558** Feb 03, 2000 8:00 am Secretary of State SYNERGY RETAIL GROUP, INC. 02-03-2000 90011 016 ***150.00 Principal Place of Business Mailing Address 555 S FEDERAL HWY 555 S FEDERAL HWY 360 SUITE 360 SUITE **BOCA RATON FL 33432-5505 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 2424 N. Federal Hwy 2424 N. Tederal Hwy DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0718894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSH. CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 1903 SOUTH CONGRESS AVE **SUITE 320 BUILDING 2 BOYNTON BEACH FL 33426** Zin 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VST TITLE ☐ Addition TITLE □ Delete RUZAT, LENNE' NAME NAME STREET AODRESS 270 CAPTAIN'S WALK #315 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition ☐ Change ☐ Delete TITLE TITLE RUZAT, BARRY NAME NAME 270 CAPTAIN'S WALK #315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE **TMAN** NAME

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 of 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/00

561.395.6060

Daytime Phone #