

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013447

1. Entity Name

SYNERGY REAL ESTATE PARTNERS, INC.

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90011 015 \*\*\*150.00

Principal Place of Business

555 SOUTH FEDERAL HIGHWAY  
SUITE 360  
BOCA RATON FL 33432  
US

Mailing Address

555 SOUTH FEDERAL HIGHWAY  
SUITE 360  
BOCA RATON FL 33432-5504  
US

2. Principal Place of Business

2424 N. Federal Hwy

3. Mailing Address

2424 N. Federal Hwy

Suite, Apt. #, etc.

Suite 459

Suite, Apt. #, etc.

Suite 459

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip 33431

Country USA

Zip 33431

Country USA

4. FEI Number

65-0731563

Applied For

Not Applicable

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

RUSH, CHRISTOPHER J  
1903 SOUTH CONGRESS AVE  
SUITE 320 BLDG 2  
BOYNTON BEACH FL 33426

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

*Lenne Ruzat, Lenne Ruzat, President*

1/29/00

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	PSD	<input type="checkbox"/> Delete
NAME	RUZAT, LENNE'	
STREET ADDRESS	270 CAPTAINS WALK #315	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

*Lenne Ruzat, Lenne Ruzat, President*

Date

Daytime Phone #

1/29/00 561-395-6060

CR2E034 (9/99)