

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105834

1. Entity Name
SYNTHETIK KREATIONS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90034 036 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
19595 NE 10TH AVE
SUITE A
NORTH MIAMI BEACH FL 33179
US

Mailing Address
19595 NE 10TH AVE
SUITE A
NORTH MIAMI BEACH FL 33179-3580
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0808109

Applied For
Not Applicable

Zip

Country

Zip

Country

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

LEDERER, STEVEN J
2450 NORTHEAST MIAMI GARDENS DRIVE
SUITE 100
NORTH MIAMI BEACH FL 33180

Name EMANUEL Y. DRUCKMAN
Street Address (P.O. Box Number is Not Acceptable)
19595 NE 10TH AVE STE A
City N. MIAMI BEACH FL Zip Code 33179

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-28-00

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 VD ☒ Delete
NAME
STREET ADDRESS 19595 NE 10TH AVE, SUITE A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE PRESIDENT ☐ Change ☒ Addition
NAME EMANUEL Y. DRUCKMAN
STREET ADDRESS 19595 NE 10TH AVE STE A
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE VD ☒ Delete
NAME WILSON, FRANK
STREET ADDRESS 19595 NE 10TH AVE, SUITE A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-00 305 652-0054

CR2E034 (9/99)