

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P97000105834**

1. Entity Name  
**SYNTHETIK KREATIONS, INC.**

04-01-2002 90034 049 \*\*\*150.00

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**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0808109**

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

**DRUCKMAN, EMANUEL Y**  
**19595 NE 10TH AVE**  
**STE A**  
**N MIAMI BEACH FL 33179**

Name  
**JERRY DRUCKMANN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19595 NE 10 AVE**  
**BAY "A"**  
 City  
**NORTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **DRUCKMANN JERRY PRESIDENT 7/29/02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P DRUCKMAN, EMANUEL Y**  
**19595 NE 10TH AVE, SUITE A**  
**NORTH MIAMI BEACH FL 33179**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President**  
**Jerry Druckmann**  
**19595 NE 10 Ave. BAY "A"**  
**N.M.B. FL 33179**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Director**  
**JUDITH DRUCKMANN**  
**19595 NE 10 AVE BAY "A"**  
**N.M.B. FL 33179**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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]* **JERRY DRUCKMANN - PRESIDENT 7/29/02** (305) 651-0159  
**JUDITH DRUCKMANN - DIRECTOR 7/29/02** (305) 651-0159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0058463  
 AV

CR2E034 (4/02)