FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91524 002 ***150.00

DOCUMENT # P98000036611

1. Entity Name
SYGAR ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7154 NORTH UNIVERSITY	7154NORTH UNIVERSITY DR
Suite, Apt. #, etc SUITE # 205	Suite, Apt. #, etc SUITE #205
City & State TAMARAC, FL	City & State TAMARAC, FL
Zip 33321 Country	Zip 33321 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0847880
☐ Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
SYNER, BOB

Street Address (P.O. Box Number is Not Acceptable)
7154 NORTH UNIVERSITY DRIVE
SUITE #205

City TAMARAC FL Zip Code 33321

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: _____ DATE

9. The Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SYNER, BOB SUITE 205 7154 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, ANDY SUITE 205 7154 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andy Garcia Andy Garcia Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____