

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000044481**

1. Entity Name

SYNERGIC COMMUNICATIONS GROUP, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90120 046 ***158.75

Principal Place of Business

Mailing Address

2748 NE 10 TERR STE 100
WILTON MANORS FL 333342748 NE 10 TERR STE 100
WILTON MANORS FL 33334-3716

2. Principal Place of Business

One Oakwood Blvd.

3. Mailing Address

One Oakwood Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

Broward

Zip

33020

Country

Broward

4. FEI Number

65-0837084

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

KAMRAT, NOAH
2748 NE 1 TERR STE 200
WILTON MANORS FL 33334

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

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 State10. 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
VP
BAILEY, LEN
5340 NW. 55 BLVD STE 105
COCONUT CREEK FL 33073 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditorTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
KAMRAT, NOAH
2748 NE 10 TERR STE 200
WILTON MANORS FL 33334 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditorTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additor

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: **X Noah Kamrat**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noah Kamrat

Date

Daytime Phone #

01-11-2000**(954) 924-9797**