

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077538

1. Entity Name
SYNERGY ASSOCIATES INT'L INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90779 001 *****8.75
05-22-2001 90779 002 ***150.00

Principal Place of Business
**1200 WEST AVE
#429
MIAMI FL 33139
US**

Mailing Address
**1200 WEST AVE
#429
MIAMI FL 33139
US**

4371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **65-0861936**

Applied For
☒ Not Applicable

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

**SERRANO, FEDERICO JR
1100 WEST AVENUE, #601
MIAMI BEACH FL 33139**

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 _____ (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, 2001 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SERRANO, FEDERICO JR 1100 WEST AVENUE, #601 MIAMI BEACH FL 33139 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SERRANO, FEDERICO JR 1200 WEST AVENUE, #429 MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO SERRANO 4/1/01 305-772-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)