

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90038 037 \*\*\*558.75

**DOCUMENT # P99000032375**

1. Entity Name

**CYNOCOM CORPORATION**



Principal Place of Business

**9858 GLADES ROAD #152  
BOCA RATON FL 33434**

Mailing Address

**9858 GLADES ROAD #152  
BOCA RATON FL 33434**

2. Principal Place of Business

**3998 FAU BLVD**

3. Mailing Address

**3998 FAU BLVD**

Suite, Apt. #, etc.

**# 200-104**

Suite, Apt. #, etc.

**# 200-104**

City & State

**BOCA RATON FL**

City & State

**BOCA RATON, FL**

Zip

**33431**

Country

**US**

Zip

**33431**

Country

**US**

4. FEI Number

**65-0913887**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**VENEGAS, LUIS N  
6873 CALLE DEL PAZ N.  
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

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 \$550.00  
After SEPTEMBER 13, 2000 Min. 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

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>C.E.O.</b>  |
| STREET ADDRESS | <b>JOHN H. WILSON</b>  |
| CITY-ST-ZIP    | <b>3410 GAIT OCEAN DRIVE #1001N<br/>FT LAUDERDALE, FL 33308</b>              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>C.F.O.</b>  |
| STREET ADDRESS | <b>RICHARD ADREY</b>   |
| CITY-ST-ZIP    | <b>2685 NW 27th AVE.<br/>BOCA RATON, FL 33434</b>                            |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>CHIEF TECHNOLOGY OFFICER</b>  |
| STREET ADDRESS | <b>JOHN CALVERT</b>  |
| CITY-ST-ZIP    | <b>9077-B BOCA GARDENS CIR E S.<br/>BOCA RATON, FL 33496</b>                 |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>VP OF Administration</b>  |
| STREET ADDRESS | <b>LUIS N. VENEGAS</b>   |
| CITY-ST-ZIP    | <b>6873 CALLE DEL PAZ N.<br/>BOCA RATON, FL 33433</b>                        |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

**VENEGAS, LUIS N**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/5/00** **561-620-1633**  
Date Daytime Phone #

CP2E034(5/00)