

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032375

1. Entity Name
CYNOCOM CORPORATION

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90005 027 ***550.00

0075471 AV

Principal Place of Business
3998 FAU BLVD
200-104
BOCA RATON FL 33431

Mailing Address
3998 FAU BLVD
200-104
BOCA RATON FL 33431

978374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3701 FAU BLVD
Suite, Apt. #, etc.
210-125
City & State
BOCA RATON, FL
Zip
33431
Country
PALM BEACH

3. Mailing Address
3701 FAU BLVD
Suite, Apt. #, etc.
210-125
City & State
BOCA RATON, FL
Zip
33431
Country
PALM BEACH

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 *Luis N Venegas*
Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/01

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 12, 2001 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

TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JOHN	
STREET ADDRESS	3410 GALT OCEAN DR #1001N	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ADREY, RICHARD	
STREET ADDRESS	2685 NW 27TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	CTO	<input type="checkbox"/> Delete
NAME	CALVERT, JOHN	
STREET ADDRESS	9077-B BOCA GARDENS CIRCLE S	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VENEGAS, LUIS	
STREET ADDRESS	6873 CALLE DEL PAZ N	
CITY-ST-ZIP	BOCA RATON FL 33433	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN E. CALIA	
STREET ADDRESS	22 WINDWARD ISLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Luis N Venegas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01 (561) 620-1633
Date Daytime Phone #

CR2E034 (5/01)