FOR PROFIT OF PORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _<

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DOCUMENT # P9900082510				00 150 11 50 10 07
				03 JAN 14 AM 10: 07
CYMSORE ENTER PRISES, INC				SECTION OF STATE
ļ -				SECRETARY OF STATE IN TALLAHASSEE, FLORIDA
				WILLIAM POPULA
1	DO NOT WRIT	'E IN THIS SI	PACE	
(me	ARTY'S ROST. FOA	TORING)		
2. Wanicipal Place of Business 3. Matting Address				200010076062 01/14/0301048004 **150.00
Nulte, Apt. #, etc.				
4569	S. ORANGO BLSSM	7R, Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE
PAI & Sta	ano. GA	City & State	GA	4. FEI Number Applied For
Zip	Country	Zip	Country	59-3596763 Not Applica
3283	2 USA	32877	USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
	- · · · · ·			7. Name and Address of Current Registered Agent
e de la companya della companya dell	DO NOT	VDITE	Name	ISAAC L. MECARTY
Stre				oddress (P.O. Box Number is Not Acceptable)
ŧ	IN THIS S	PACE	- 249	MINNESOTA WOODS CANGE
×i		•	City, to	
0 Thanks			DP	-LANGOU, FL Zip Code
• The above	named entity submits this statement	for the purpose of changing its r	egistered office or	registered agent, or both, in the State of Florida.
SIGNATURE	- VADRE L.	MC/int	Mari La	1/2/102
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signatur	ure required when reinstating)
9. This corpo	pration is eligible to satisfy its Intangib	January 1 - Ma	y 1 Fee is \$150	
Tax filing r	equirement and elects to do so.	After May 1	, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be
11.		Make Check Payable	to Department	Trust Fund Contribution. Added to Fees
TITLE	PRESIDENT	D DIRECTORS		
NAME	T-SAAL I MS	CARTU	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	219 MINNESOTA	CARTY WOODS LANGE	STREET ADDRESS	
	ORLANDO, FLA	32824	CITY-ST-ZIP	
TITLE NAME	CYNSERS F. ME	107 1040	TITLE	
STREET ADDRESS	214 MIKINISSOTA	WIDEROC CANE	NAME STREET ADDRESS	
CITY-ST-ZIP	ORLAMOO, FLA	32824	CITY-ST-ZIP	
TITLE			TITLE	
NAME Street address			NAME	
CITY-ST-ZIP	and the property of the same o		STREET ADDRESS -CITYEST-ZIP	DO NOT WRITE
ITTLE			TITLE	
NAME			NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	•
TITLE			CITY-ST-ZIP	er _a .
IAME			TITLE NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
ITLE AME			TITLE	
TREET ADDRESS			NAME STREET ADDRESS	
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
3. Thereby cer	rtify that the information supplied with	this filing does not qualify for the	exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
of the corpo	pration or the receiver or trustee employers, with an address, with all other like an	strue and accurate and that my so powered to execute this report as	signature shall have s required by Chap	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statules; and that my name appears in Block 11 or on an
		POWEIGU.		, and appears in block in or on all

payers

Executive Chef Isaac "Pete" McCarty
McCarty's Restaurant & Catering
9564 S. Orange Blossom Trail
Orlando, FL 32837
PH: 407-856-8300

October 29, 2002

Chef Isaac McCarty, Owner
Cymaera Franciscus V (2000)

Cynsere Enterprises, Inc. (DBA McCarty's Restaurant & Catering) 9565 South Orange Blossom Trail

Orlando, FL 32837

Division of Corporations

Annual Report/Reinstatement-Section

PO Box 6327

Tallahassee, FL 32314-6327

To Whom It May Concern:

We have been experiencing problems with the at 9565 South Orange Blossom Trail. This address is for the address for entire Truck Stop which include other businesses. The central mail box was run over by one of the trucks and Cynsere Enterprises, Inc. (D.B.A. McCarty's Restaurant & Catering) was not receiving mail in a timely manner. The mail was distributed throughout the Truck Stop and in many cases not to the appropriate business.

Thanking you in advance for your cooperation and immediate attention to this matter.

Sincerely,

-Isaac-L.-McCarty

Executive Chef/Owner