

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 21, 2000 8:00 am  
Secretary of State

07-21-2000 90154 003 \*\*\*550.00

DOCUMENT # P99000110249

1. Entity Name

SYNERGY EXCHANGE PARTNERS INC. ✓

Principal Place of Business

1651 SW 2ND ST. #2  
MIAMI FL 33135

Mailing Address

1651 SW 2ND ST. #2  
MIAMI FL 33135

2. Principal Place of Business

9608 NE 2ND AVE

Suite, Apt. #, etc.

3. Mailing Address

9608 NE 2ND AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0971518

Applied For

Not Applicable

Zip

Country

33138 MIAMI Dade

Zip

Country

33138 MIAMI Dade

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVELO, MIGDALIA  
1651 SW 2ND ST. #2  
MIAMI FL 33135

Name

SHERYL PADILLA

Street Address (P.O. Box Number is Not Acceptable)

11111 BISCAYNE BLVD #2055

City

MIAMI

FL

Zip Code

33181

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PADILLA, SHERYL	
STREET ADDRESS	11111 BISCAYNE BLVD. #3 SUITE 2055	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARVELO, MIGDALIA	
STREET ADDRESS	1651 SW 2ND ST. #2	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DON BOSCO	
STREET ADDRESS	11111 BISCAYNE BLVD # 2055	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	ORESTES L. PADILLA	
STREET ADDRESS	11111 BISCAYNE BLVD #2055	
CITY-ST-ZIP	MIAMI FL 33181	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON BOSCO	
STREET ADDRESS	11111 BISCAYNE BLVD - TOWER 3-2055	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORESTES L. PADILLA	
STREET ADDRESS	11111 Biscayne Blvd Tower 3-2055	
CITY-ST-ZIP	MIAMI, FL 33181	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/30/00 305 751-4230

CR2E034 (9/99)