2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am DOCUMENT # **V73750** Entity Name **Secretary of State** SYMMETRICAL RESOURCES CORPORATION 03-24-2000 90079 014 ***150.00 Mailing Address Principal Place of Business 700 W. HILLSBORO BLVD. 700 W. HILLSBORO BLVD. BLDG. 4 SUITE 201 BLDG. 4 SUITE 201 DEERFIELD BEACH FL 33441-1612 DEERFIELD BEACH FL 33441 ÙS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0365828 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIVEK, WILLIAM PAUL Street Address (P.O. Box Number is Not Acceptable) 5400 LEITNER DRIVE W. **CORAL SPRINGS FL 33067** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE LIVEK, WILLIAM PAUL NAME . Name 5400 LEITNER DRIVE W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Addition ☐ Change D ☐ Delete TITLE inte , Name ENGEL, WILLIAM NAME 902 SEASAGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Addition Change ☐ Delete TITLE ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE ÎITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ç!TY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ÒITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE VAME STREET ADDRESS STREET ADDRESS ITY - ST - 7IP 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 employee does not state 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 ag dress, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR ERINTED NAME OF SIGNING OFFICER OR DIRECTOR