

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90198 035 \*\*\*150.00

DOCUMENT # **180044**  
1. Entity Name **SYNTHESIS INSTITUTE OF MIAMI INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business **6851 SW 128 ST**  
Suite, Apt. #, etc.

3. Mailing Address **6851 SW 128 ST**  
Suite, Apt. #, etc.

**55031903**

DO NOT WRITE IN THIS SPACE

City & State **PINECREST FL**  
Zip **33156** Country **DADE**

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Zip **33156** Country **DADE**

4. FEI Number **65-0123218**  
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **DAN ORLANDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**6851 SW 128 ST**  
City **PINECREST** FL Zip Code **33156**

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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE **Dan Orlando** **DAN ORLANDO** DATE **4/22/03**

January 1st - May 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>POLDI ORLANDO</b> <b>6851 SW 128 ST</b> <b>PINECREST FL 33156</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. DAN ORLANDO</b> <b>PINECREST FL 33156</b>
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**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **POLDI ORLANDO** **POLDI ORLANDO** DATE **4/14/03** DAYTIME PHONE # **305 235 7282**

CR2E034B (12/02)