

2001 UNIFORM BUSINESS REPORT

(UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

05-04-2001 90049 012 ***150.00

DOCUMENT # P00000023340

1. Entity Name

SYNERGY INTERNATIONAL GROUP, INC.

Principal Place of Business

4008 AURORA STREET
CORAL GABLES FL 33148

Mailing Address

4008 AURORA STREET
CORAL GABLES FL 33148

2. Principal Place of Business

4008 Aurora Street

3. Mailing Address

4008 Aurora Street

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33146

Country

DADE

Zip

33146

Country

DADE

8. Name and Address of Current Registered Agent

VANTERPOOL, RAE
4008 AURORA STREET
CORAL GABLES FL 33148

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: An Agent signature required when naming)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back.)FILE WITH FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 officer 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:

Rae Vanterpool

427-01

305-3370

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

List the Phone

CR2E034 (1000)