

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90295 034 ***158.75

00342504 AV

DOCUMENT # P01000043580

1. Entity Name
SYNERGISTIX, INC.

Principal Place of Business
**7744 PETERS ROAD PMB 115
 PLANTATION FL 33324**

Mailing Address
**7744 PETERS ROAD PMB 115
 PLANTATION FL 33324**

2. Principal Place of Business
**2450 HOLLYWOOD BLVD
 SUITE 803**

3. Mailing Address
**2450 HOLLYWOOD BLVD
 SUITE 603**

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip
33020

Country
Broward

Zip
33020

Country
Broward

4. FEI Number
01-0560312

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHENKER, DONALD
 7744 PETERS ROAD PMB 115
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
DONALD SCHENKER
 Street Address (P.O. Box Number is Not Acceptable)
4333 SW 95 AVE.
 City
DAVIE FL Zip Code
33328

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)

9-29-02
 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, 2002 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
PD
 NAME
SCHENKER, DONALD ☐ Delete
 STREET ADDRESS
7744 PETERS ROAD PMB 115
 CITY-ST-ZIP
PLANTATION FL 33324

TITLE
SD
 NAME
WONG, RAUL ☐ Delete
 STREET ADDRESS
7744 PETERS ROAD PMB 115
 CITY-ST-ZIP
PLANTATION FL 33324

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☒ Change ☐ Addition
 NAME
SCHENKER, DON
 STREET ADDRESS
2450 HOLLYWOOD BLVD., STE. 603
 CITY-ST-ZIP
HOLLYWOOD, FL 33020

TITLE
VP ☒ Change ☐ Addition
 NAME
WONG, RAUL
 STREET ADDRESS
2450 HOLLYWOOD BLVD. STE. 603
 CITY-ST-ZIP
HOLLYWOOD, FL 33020

TITLE
S ☐ Change ☒ Addition
 NAME
WRETZEL, KEVIN
 STREET ADDRESS
2450 HOLLYWOOD BLVD. STE 603
 CITY-ST-ZIP
HOLLYWOOD, FL 33020

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

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

TITLE
 NAME ☐ Change ☐ Addition
 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

9-29-02
 Date

954-624-4400
 Daytime Phone #

CR2E034 (9/01)