

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91457 032 ***150.00

DOCUMENT # P02000111086

1. Entity Name
SYNERGY MEDIA, INC.

Principal Place of Business
1302 SW 131 PLACE CIRLCE EAST
MIAMI FL 33184

Mailing Address
1302 SW 131 PLACE CIRLCE EAST
MIAMI FL 33184

2. Principal Place of Business
1523 SW 189 AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1523 SW 189 AVENUE
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL
Zip
33029
Country
USA

City & State
Pembroke Pines, FL
Zip
33029
Country
USA

4. FEI Number
030487167

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRALDO, SANDRA P
1302 SW 131 PLACE CIRLCE EAST
MIAMI FL 33184

Name ~~Sandra P. Giraldo~~
Street Address (P.O. Box Number is Not Acceptable)
1523 S.W. 189 AVENUE
City
Pembroke Pines FL Zip Code
33029

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 *Sandra P. Giraldo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4.20.03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<i>Sandra P. Giraldo</i> <input type="checkbox"/> Delete Owner 1523 SW 189th Ave., Pembroke Pines FL, 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra P. Giraldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra P. Giraldo 4.20.03 954-447-5212
Date Daytime Phone #

CR2E034 (10/02)