

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000067954

Entity Name: SYNERGISMO CORP.

FILED  
Mar 13, 2003  
Secretary of State

**Current Principal Place of Business:**

1474-A W 84 ST  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

1474-A W 84 ST  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 65-0450132      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSMAN, L. MICHAEL  
1474-A W 84 ST  
HIALEAH, FL 33014      US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD      ( ) Delete  
Name: OSMAN, L. MICHAEL  
Address: 1474-A W 84 ST  
City-St-Zip: HIALEAH, FL 33014

Title: VD      ( ) Delete  
Name: OSMAN, CRAIG A  
Address: 1474-A W 84 ST  
City-St-Zip: HIALEAH, FL 33014

Title: DV      ( ) Delete  
Name: OSMAN, TY H  
Address: 9129 SADDLEBOW DRIVE  
City-St-Zip: BRENTWOOD, TN 37027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV      (X) Change ( ) Addition  
Name: OSMAN, TY H  
Address: 9129 SADDLEBOW DRIVE  
City-St-Zip: BRENTWOOD, TN 37027

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. MICHAEL OSMAN

Electronic Signature of Signing Officer or Director

P

03/13/2003

Date