2000 UNIFORM BUSINESS REPORT (UBR)

	MENT # P96000 0	069320	·	:			<i>~</i> .	
1. Entity Name TELESYNERGISTIC CORP.					FILED			
						00 AUG -2	AM 10: 2	L
Principal Plac	e of Business	Mailing Address						
11098 NW 8 C PLANTATION F		11098 NW 8 CT PLANTATION FL 33324			•	SECRETARY I TALLAHASSEE	OF STATE EFLORIDA	4
2. Principal P	lace of Business	3. Mailing Address						
12.40 Suite, Apt.	#, etc.	12.40 PALE 10 Suite, Apt. #, etc.	NORNIN G	<u> </u>		DO NOT WRITE IN THIS	S SPACE	
City & State	DERSON, NV	City & State HENDERSON	NV	4.	FEI Number	65-0689598	No	oplied For ot Applicable
Zip 890 S	52 Country USA	89052	Country USA			Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current F	Registered Agent	- Name	7.	Name and Ad	Idress of New Registered	I Agent	
AMERILAWYER CHARTERED				Street Address (P.O. Box Number is Not Acceptable)				
	ALMERIA AVENUE		Street A	daress (P.O. E	(P.O. Box Number is Not Acceptable)			
COF	RAL GABLES FL 33134							
			City			F	L Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or	registered aç	gent, or both, i	n the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent at	while 4 applicable /AICYTE, C	tegistered Agent signati	uro roquirod urboo r	round ting t	DATE		
			FEE IS \$550.0		emstallig)	MAIL.		
Tax filing r	ration is eligible to satisfy its Intangible equirement and elects to do so.	After SEPTEMBER 13, Make Check Payable	2000 Min. will	be \$750.00	4.1	on Campaign Financing Fund Contribution.		May Be to Fees
11.	OFFICERS AND (DIRECTORS	12.	Αί	DDITIONS/CH	IANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOO, DAVID 11098 NW 8 CT PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7	DAVID PALE MO		⊡ Change	☐ Addition
TITLE	VP	Delete	TITLE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	WOO, MONA Y 260 PITMAN ST		NAME STREET ADDRESS CITY-ST-ZIP		901	0003361 -08/18/000 ****150.00)1009U	128
TITLE	NEW BEDFORD MA	☐ Delete	TITLE				☐ Change	Addition
NAME	سید. پ سیکھیں پسندگنیر		NAME	*				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS :		1	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					KE
CITY-ST-ZIP			CITY-ST-ZIP		445.67(0)(1)			

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SECRETARY (TALLAHASSEE	OF STATE	<u> </u>	
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DO NOT WRITE IN THIS	SPACE		
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65-0689598		lot Applicable	
of Status Desired	\$8.75 Ac Fee Requir		
Address of New Registered	l Agent		
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is Not Acceptable)	-		
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F	Zip Coo	de	
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DATE			
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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:

LEASE BE AWARE THAT WE NOTIFIED YOU OF OUR ADDRESS CHANGE ON 10/2/99.

THE U.C.C. REPORT WAS MAILED TO OUR OLD ADDRESS AND CAUSED DELAY.

- ** ARE SUBMITTING THE ORIGINAL \$150.00 FEE.
- ... WILL NOT PAY THE \$400.00 PENALTY.
- YOU CANNOT FILE THIS REPORT WITH OUR \$150.00 FEE, THEN PLEASE DMINISTRATIVELY DISSOLVE OUR CORPORATION.

EDANK YOU.

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