

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90092 038 ***150.00

DOCUMENT # P96000069320

1. Entity Name
TELESYNERGISTIC CORP.

Principal Place of Business

1240 PALE MORNING
HENDERSON NV 89052

Mailing Address

1240 PALE MORNING
HENDERSON NV 89052



DO NOT WRITE IN THIS SPACE

***2.-Principal Place of Business**

1505 DUSTY CANYON ST. 1505 DUSTY CANYON ST.

<Suite, Apt. #, etc.

***3.-Mailing Address**

<Suite, Apt. #, etc.

***City & State**

HENDERSON NV

City & State

HENDERSON NV

4. FEI Number

65-0689598

Applied For

Not Applicable

***Zip**

89052-3161

Country

U.S.A.

***Zip**

89052-3161

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PSTD** ☐ Delete
NAME **WOO, DAVID**
STREET ADDRESS **1240 PALE MORNING**
CITY-ST-ZIP **HENDERSON NV 89052**

TITLE **VP** ☐ Delete
NAME **WOO, MONA Y**
STREET ADDRESS **260 PITMAN ST**
CITY-ST-ZIP **NEW BEDFORD MA**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **WOO, DAVID**
STREET ADDRESS **1505 DUSTY CANYON ST.**
CITY-ST-ZIP **HENDERSON NV 89052-3161**

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. WOO, PRES.

Date

8-30-02

Daytime Phone #

702-837-9811

CR2E034 (4/02)

Attachment

P96000069320

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT DUE TO THE DIFFICULT CIRCUMSTANCES SURROUNDING MY MOVE (SEE ADDRESS CHANGE) I WAS UNABLE TO GAIN ACCESS TO MY MAIL, RECORDS, SUPPLIES, ETC. FOR MONTHS. WE HAD DIFFICULTY WITH MOVING COMPANIES AND THEFT.

PLEASE ACCEPT MY CHECK FOR \$150.00 AS PAYMENT IN FULL FOR OUR UBR 2002.

THANK YOU FOR YOUR UNDERSTANDING.

RESPECTFULLY,



DAVID WOO, PRESIDENT

P.S. please note new address.