

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90024 009 \*\*\*150.00

**DOCUMENT # P96000073616**  
 1. Entity Name  
**SYNIX INTERNATIONAL, INC.**

Principal Place of Business 8400 NORTHWEST 17TH STREET MIAMI FL 33126 US	Mailing Address 8400 NORTHWEST 17TH STREET MIAMI FL 33126 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**  Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**MENGJUNG LEE**  
**9467 NW 54TH DORAL CIR LN**  
**MIAMI FL 33178**

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.

SIGNATURE **04/04/2002**  
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LEE, MENG JUNG 9467 NORTHWEST 54 DORAL CIRCLE LANE MIAMI FL 33178</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V NI, SUNG YEUH 9467 NORTHWEST 54 DORAL CIRCLE LANE MIAMI FL 33178</b> <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

12. 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MENGJUNG LEE** **04/04/02** **(305) 4366700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)

Attachment 3/985

P96000073616

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN 65-0691159

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)  
**SYNIX INTERNATIONAL, INC.**

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**9467 Northwest 54 Doral Circle Lane**

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code  
**Miami, Florida 33178**

5b City, state, and ZIP code

6 County and state where principal business is located  
**Dade County Florida**

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶  
**Meng Jung Lee President (ssn 594-27-1184)**

8a Type of entity (Check only one box.) (See instructions.)

Sole Proprietor (SSN)  REMIC  State/local government  Other nonprofit organization (specify)  Other (specify) ▶

Estate (SSN of decedent)  Plan administrator-SSN  Other corporation (specify) **Sub S**  Federal government/military  Church or church controlled organization

Trust  Partnership  Farmers' cooperative

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State **Florida** Foreign country

9 Reason for applying (Check only one box.)

Started new business (specify) ▶  Changed type of organization (specify) ▶

Hired employees  Created a pension plan (specify type) ▶  Purchased going business  Created a trust (specify) ▶

Banking purpose (specify) ▶  Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)  
**9/5/96.**

11 Enter closing month of accounting year. (See instructions.)  
**December.**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **n/a**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural **0** Agricultural Household

14 Principal activity (See instructions.) ▶ **Import/export**

15 Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail)  Other (specify) ▶  Business (wholesale)  N/A

17a Has the applicant ever applied for an identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Elsie Sanchez, Treasurer** Business telephone number (include area code) **(305)477-7849**

Signature  Date ▶ **9/5/96**

Note: Do not write below this line. For official use only.

Please leave blank ▶ Geo. Ind. Class Size Reason for applying