

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91393 002 ***150.00

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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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
8400 N.W. 17 Street
City **Miami** FL Zip Code **33126**

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

MENGJUNG LEE

04/23/2003

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PSTD LEE, MENG JUNG**
STREET ADDRESS **9467 NORTHWEST 54 DORAL CIRCLE LANE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
NAME **LEE, MENG JUNG**
STREET ADDRESS **8400 N.W. 17 Street, Miami, FL33126**

TITLE Delete
NAME **V NI, SUNG YUEH**
STREET ADDRESS **9467 NORTHWEST 54 DORAL CIRCLE LANE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE Change Addition
NAME **NI, SUNG YUEH**
STREET ADDRESS **8400 N.W. 17 Street, Miami, FL33126**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2003 (305) 4366700

Date Daytime Phone #

CR2003 (10/02)