

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P97000087834**

1. Entity Name

**FINANCIAL SYNERGIES INTERNATIONAL, INC.**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90005 047 \*\*\*150.00

Principal Place of Business

Mailing Address

3801 N UNIVER DR  
STE 317  
SUNRISE FL 33351  
US

3801 N UNIVER DR  
STE 317  
SUNRISE FL 33351  
US

2. Principal Place of Business

4225 N.W. 88th AVE

3. Mailing Address

4225 N.W. 88th AVE

Suite, Apt. #, etc.

#111

Suite, Apt. #, etc.

#111

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33351

Country

Zip

33351

Country

4. FEI Number

65-0787800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDOW, K RICHARD  
3801 N UNIVER DR  
STE 317  
SUNRISE FL 33351

Name

Lindow, K Richard

Street Address (P.O. Box Number is Not Acceptable)

4225 N.W. 88th Ave #111

#111

City

Sunrise

FL

Zip Code  
33351

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **SHERMAN, DAVID**  
STREET ADDRESS **4470 NW 74TH AVE**  
CITY-ST-ZIP **LAUDERHILL FL 33319**

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

TITLE **ADD** ☐ Delete  
NAME **LINDOW, K RICHARD J**  
STREET ADDRESS **2300 NE 33RD AVE NO. 606**  
CITY-ST-ZIP **FT LAUDERDALE FL 33305-1886**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*David Sherman* David Sherman

Date

Daytime Phone #

CR2E034 (9/99)