

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90025 039 ***150.00

DOCUMENT # P98000071500

1. Corporation Name
SYNERGETIC GLOBAL SYSTEMS, INC.

Principal Place of Business

6270 N.W. 173RD STREET
APT 207
HIALEAH FL 33015

Mailing Address

6270 N.W. 173RD STREET
APT 207
HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

65-0861492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

☐

No

2. Principal Place of Business

21 12471 NW 15th Place

Suite, Apt. #, etc.

22 #202

City & State

23 Sunrise FL

Zip

24 33323

Country

25 U.S.A

2a. Mailing Address

26 12471 NW 15th Place

Suite, Apt. #, etc.

27 #202

City & State

28 Sunrise FL

Zip

29 33323

Country

30 USA

9. Name and Address of Current Registered Agent

PANDU, SUPRIYA
6270 N.W. 173RD STREET
APT 207
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Supriya Pandu (SUPRIYA PANDU)

4/15/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PANDU, SUPRIYA
STREET ADDRESS 6270 N.W. 173RD STREET
CITY-ST-ZIP HIALEAH FL 33015

TITLE SD ☐ DELETE

NAME MADHU, VIR
STREET ADDRESS 6270 N.W. 173RD STREET
CITY-ST-ZIP HIALEAH FL 33015

TITLE TD ☐ DELETE

NAME MADHU, VIR
STREET ADDRESS 6270 N.W. 173RD STREET
CITY-ST-ZIP HIALEAH FL 33015

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SUPRIYA PANDU
1.3 STREET ADDRESS 12471 NW 15th Place, #202
1.4 CITY-ST-ZIP Sunrise FL 33323

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME VIR MADHU
2.3 STREET ADDRESS 12471 NW 15th Place, #202
2.4 CITY-ST-ZIP Sunrise FL 33323

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME VIR MADHU
3.3 STREET ADDRESS 12471 NW 15th Place, #202
3.4 CITY-ST-ZIP Sunrise FL 33323

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (VIR MADHU)

4/15/99

954 835/070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)