

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071500

1. Entity Name

SYNERGETIC GLOBAL SYSTEMS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90140 048 \*\*\*150.00

Principal Place of Business

12471 NW 15TH PL  
#202  
SUNRISE FL 33323

Mailing Address

12471 NW 15TH PL  
#202  
SUNRISE FL 33323-5230

2. Principal Place of Business

12471 NW 15 PL

3. Mailing Address

12471 NW 15th PL

Suite, Apt., etc.

# 202

Suite, Apt., etc.

# 202

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33323

Country

USA

Zip

33323

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

*Supriya Pandu*

04/15/2000

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	<input type="checkbox"/> Delete
NAME	PANDU, SUPRIYA	
STREET ADDRESS	12471 NW 15TH PL, #202	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MADHU, VIR	
STREET ADDRESS	12471 NW 15TH PL #202	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MADHU, VIR	
STREET ADDRESS	12471 NW 15TH PL, #202	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Supriya Pandu* SUPRIYA PANDU

04/15/2000

954 835 1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)