

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90005 046 ***150.00

DOCUMENT # P99000048830

1. Entity Name
SYNERGETIC SOFTWARE SOLUTIONS, INC.

Principal Place of Business

9715 FONTAINEBLEAU BLVD.
#213
MIAMI FL 33172

Mailing Address

9715 FONTAINEBLEAU BLVD.
#213
MIAMI FL 33172

2. Principal Place of Business

15321, SW 18th STREET

Suite, Apt. #, etc.

City & State

MIRAMAR FL 33027

Zip

33027

Country

USA

3. Mailing Address

15321 SW 18th STREET

Suite, Apt. #, etc.

City & State

MIRAMAR FL - 33027

Zip

33027

Country

USA

4. FEI Number

65-0933753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SRINIVASAN, VALADI

9715 FONTAINEBLEAU BLVD.

#213

MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

SRINIVASAN, VALADI

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

15321, SW 18th STREET

City

MIRAMAR

FL

Zip Code

33027

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, 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 ☐ Delete
NAME **PST SRINIVASAN, LATHA**
STREET ADDRESS **9715 FONTAINEBLEAU BLVD #213**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PST SRINIVASAN, LATHA**
STREET ADDRESS **15321, SW 18th STREET**
CITY-ST-ZIP **MIRAMAR, FL - 33027**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

S. Latha (LATHA SRINIVASAN)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2002
 Date

954 447 4614
 Daytime Phone #

CR2E034 (9/01)