

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90116 001 ***750.00
 09-19-2000 90116 002 *****8.75

DOCUMENT # P99000005783

1. Entity Name
INSTALLATION DYNAMICS, INC.

Principal Place of Business
**918 JEFFERSON AVENUE APT. 3
 MIAMI BEACH FL 33139**

Mailing Address
**918 JEFFERSON AVENUE APT. 3
 MIAMI BEACH FL 33139**

2. Principal Place of Business
918 Jefferson Ave
 Suite, Apt. #, etc.
3

3. Mailing Address
918 Jefferson Ave
 Suite, Apt. #, etc.
3

City & State
Miami Beach FLIA
 Zip
33139
 Country
USA

City & State
Miami Beach FLIA
 Zip
33139
 Country
USA

4. FEI Number **65-0890287** | Applied For
 | Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional
 Fee Required**

21019



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~KOREY, MICHAEL J~~
**918 JEFFERSON AVENUE APT. 3
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	KOREY, MICHAEL J	918 JEFFERSON AVENUE APT. 3 MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 14, 2000 Date
305,673-2214 Daytime Phone #