

2000 UNIFORM BUSINESS REPORT (UBR)

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 FL 1A

City & State

Miami Beach FL 1A

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-0890287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

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 \$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
D
KOREY, MICHAEL J
918 JEFFERSON AVENUE APT. 3
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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CITY-ST-ZIP
Change Addition

TITLE
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CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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, 305,673-2214
Date Daytime Phone #

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

09-19-2000 90116 001 ***750.00

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

21019



DO NOT WRITE IN THIS SPACE