

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90073 019 ***158.75

DOCUMENT # P99000005783

1. Entity Name
INSTALLATION DYNAMICS, INC.



Principal Place of Business
**6400 NE 4TH CT.
MIAMI FL 33138
US**

Mailing Address
**6400 NE 4TH CT.
MIAMI FL 33138
US**



2. Principal Place of Business
**1865 Kennedy Causeway
Suite, Apt. #, etc.
7F**

3. Mailing Address
**1865 Kennedy Causeway
Suite, Apt. #, etc.
7F**

☒ CHECK HERE IF MAKING CHANGES

City & State
North Bay Village, Fla
Zip
33141
Country
DADE

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North Bay Village, Fla
Zip
33141
Country
DADE

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
6400 NE 4TH CT.
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name
Michael J. Korey
Street Address (P.O. Box Number is Not Acceptable)
1865 Kennedy Causeway Apt 7F
City
North Bay Village FL Zip Code
33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(If not Registered Agent signature required when reinstating)

DATE

Jan 13, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOREY, MICHAEL J 6400 NE 4TH CT. MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 13, 2003

CR2E034 (10/02)