

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544764

1. Entity Name

APPLICATION ORIENTED DESIGNS, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90260 032 \*\*\*158.75

Principal Place of Business

Mailing Address

9100 N. W. 36 STREET  
102

9100 N.W. 36 STREET  
102

FL 33178-2432

MIAMI FL 33178-2432  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1769934

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, MERCEDES M.  
9100 N.W. 36 STREET  
SUITE 102  
MIAMI FL 33178

Name

Jorge R. Rodriguez

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

9100 NW, 36 Street Suite 102

City

Miami

FL

Zip Code

33178-2432

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

Jorge R. Rodriguez

2/28/2000

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  
NAME TORNES, MARIA  
STREET ADDRESS 9100 N.W. 36 STREET, SUITE 102  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME MIRANDA, MERCEDES M.  
STREET ADDRESS 9100 N.W. 36 STREET, SUITE 102  
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME RODRIGUEZ, JORGE R.  
STREET ADDRESS 9100 N.W. 36 STREET, SUITE 102  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VSTD  
NAME Rodriguez, Jorge R.  
STREET ADDRESS 9100 NW 36 Street, Suite 102  
CITY-ST-ZIP Miami FL 33178

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

Jorge R. Rodriguez

2/28/2000

Date

Daytime Phone #

305-599-2531

CR2E034 (9/99)