

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2000 90260 032 ***158.75

DOCUMENT # 544764

1. Entity Name

APPLICATION ORIENTED DESIGNS, INC.

Principal Place of Business

Mailing Address

9100 N. W. 36 STREET
 102
 FL 33178-2432

9100 N.W. 36 STREET
 102
 MIAMI FL 33178-2432
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1769934

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Jorge R. Rodriguez

2/28/2000

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **RODRIGUEZ, JORGE R.**
 STREET ADDRESS **9100 N.W. 36 ST5REET, SUITE 102**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Jorge R. Rodriguez

2/28/2000

305-599-2531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)