

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000082869**1. Entity Name  
**INNOVA DYNAMICS CORP.****Principal Place of Business**

2735 S.W. 65TH AVENUE

MIAMI  
33155

FL

**Mailing Address**

2735 S.W. 65TH AVENUE

MIAMI  
33155

FL

**2. Principal Place of Business**

13868 S.W. 62ND TERR

**3. Mailing Address**

13868 S.W. 62 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI

FL

**City & State**

MIAMI

FL

**4. FEI Number****65-1036106****Applied For**☐ Not ApplicableZip  
33183

Country

Zip  
33183

Country

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****HUNG-PRADO JEANINE**  
13868 S.W. 62ND TERRACEMIAMI  
33183

FL

**7. Name and Address of New Registered Agent****Name****HUNG JOSE****Street Address (P.O. Box Number is Not Acceptable)**

13868 S.W. 62ND TERRACE

City  
MIAMI

FL

Zip Code  
33183

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 **JOSE F. HUNG**

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/2001**

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, 2001 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**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VICE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>HUNG IDOLIDIA E</b>		
STREET ADDRESS	<b>13868 S.W. 62 TERR</b>		
CITY-ST-ZIP	<b>MIAMI FL 33183</b>		
TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>HUNG JOSE F</b>		
STREET ADDRESS	<b>13868 S.W. 62 TERR</b>		
CITY-ST-ZIP	<b>MIAMI FL 33183</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: JOSE F. HUNG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

04/27/2001

Date

Daytime Phone #

CR2E034 (11/00)