

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90085 035 \*\*\*150.00

**DOCUMENT # P02000002617**

**1. Entity Name**  
**TOTAL DYNAMICS CORPORATION**



**Principal Place of Business**  
**15067 S W 103RD TERRACE, #14209**  
**MIAMI FL 33196**

**Mailing Address**  
**15067 S W 103RD TERRACE, #14209**  
**MIAMI FL 33196**

**2. Principal Place of Business**  
**12303 SW 133 CT**

**3. Mailing Address**  
**10441 SW 156 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**MIAMI, FL**

**City & State**  
**MIAMI, FL**

**4. FEI Number**  
**02-0540545**

**Applied For**  
**Not Applicable**

**Zip**  
**33186**

**Country**  
**USA**

**Zip**  
**33196**

**Country**  
**USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**RUBIO, JUAN CARLOS**  
**15067 S W 103RD TERRACE, #14209**  
**MIAMI FL 33196**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10441 SW 156 CT, SUITE 425**  
**City** **MIAMI** **FL** **Zip Code** **33196**

**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. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>RUBIO, JUAN CARLOS</b>		<b>NAME</b>	<b>RUBIO, JUAN CARLOS</b>	
<b>STREET ADDRESS</b>	<b>15067 S W 103RD TERRACE, #14209</b>		<b>STREET ADDRESS</b>	<b>10441 SW 156 CT, SUITE 425</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>		<b>CITY-ST-ZIP</b>	<b>MIAMI, FL, 33196</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>RUBIO, JUAN MANUEL</b>		<b>NAME</b>	<b>RUBIO, CARLOS ALBERTO</b>	
<b>STREET ADDRESS</b>	<b>15067 S W 103RD TERRACE, #14209</b>		<b>STREET ADDRESS</b>	<b>10441 SW 156 CT, SUITE 425</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>		<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DEL PILAR PULIDO, ANDREA</b>		<b>NAME</b>	<b>PULIDO ANDREA</b>	
<b>STREET ADDRESS</b>	<b>15067 S W 103RD TERRACE, #14209</b>		<b>STREET ADDRESS</b>	<b>10441 SW 156 CT, SUITE 425</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>		<b>CITY-ST-ZIP</b>	<b>MIAMI, FL, 33196</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>	<b>PERA, CARLOS AUGUSTO</b>	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<b>10441 SW 156 CT, SUITE 425</b>	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<b>MIAMI, FL - 33196</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>	<b>RUBIO, RICARDO</b>	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>	<b>10441 SW 156 CT, SUITE 425</b>	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	<b>MIAMI - FL - 33196</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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 like empowered.**

**SIGNATURE:** *Juan Carlos Rubio* **RED**

**04/02/03**

**305-3833786**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)