

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000062410

1. Entity Name

MANAGEMENT DYNAMICS, INC.

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90037 037 ***150.00

Principal Place of Business

Mailing Address

12962 SW 133 RD COURT
MIAMI FL 33186
US

710 FIRESTONE DRIVE
SILVER SPRING MD 20905-4087
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0441426

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

SYNEGAL, MICHELE
15211 SW 150 ST
MIAMI FL 33196-2855

Name

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

City

FL

Zip Code

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

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 **P** ☐ Delete
NAME **SYNEGAL, MICHELE**
STREET ADDRESS **15211 SW 150 STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **GRACE, MARJORIE**
STREET ADDRESS **7700 EDGEWATER DR**
CITY-ST-ZIP **OAKLAND CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **LUCILLE A. WALKER**
STREET ADDRESS
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **LUCILLE A. WALKER**
CITY-ST-ZIP **10366 SW 212 ST MIAMI, FL 33189**

TITLE ☐ Delete
NAME **GERALD GRANT**
STREET ADDRESS **9130 S DADELAND BLVD**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **GERALD GRANT**
CITY-ST-ZIP **9130 S DADELAND BLVD MIAMI, FL 33156**

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: *Michele Synegal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/00

Date

(301) 998-6098

Daytime Phone #

CR2E034 (9/99)