2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

AME OF SIGNING OFFICER OR DIRECTOR

Chin-Sheng Chen 4/25/01

DOCUMENT # P99000109147 May 04, 2001 8:00 am Secretary of State 1. 'Entity Name ENTERPRISE DYNAMICS, INC. 05-04-2001 90107 034 ***158.75 Principal Place of Business Mailing Address 14440 SW 110 ST 14440 SW 110 ST MIAMI FL 33186 MIAMI FL 33186 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite; Apt. #, etc. ------DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0974329 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN. CHIN-SHENG Street Address (P.O. Box Number is Not Acceptable) 14440 SW 110TH ST. **MIAMI FL 33186** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election.Campaign Financing \$5.00-May-Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE CHEN, CHIN-SHENG NAME NAME 14440 SW 110 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE CHEN, SHUCHUANG H NAME NAME 14440 SW 110 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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