

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90217 028 ***150.00

DOCUMENT #

1. Entity Name

APPLIED DYNAMICS CORPORATION

Principal Place of Business

Mailing Address

8171 NW 74 AVE

MEDLEY FL 33166

C0083052

2. Principal Place of Business

3. Mailing Address

8171 NW 74 AVE

8171 NW 74 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MEDLEY FL

MEDLEY FL

4. FEI Number

Applied For

65-9367196

Not Applicable

Zip

Country

Zip

Country

33166

USA

33166

USA

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT / DIRECTOR
ENRIQUE J. ENRIQUEZ
8171 NW 74 AVE
MEDLEY FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT / DIRECTOR
CARLOS VALENCIA
8171 NW 74 AVE
MEDLEY FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY / TREASURER
MARIA ENRIQUEZ
8171 NW 74 AVE
MEDLEY FL 33166

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Maria Enriquez MARIA ENRIQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (305) 299-3048

Date

Daytime Phone #