

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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DOCUMENT # V57342

1. Entity Name

APPLIED DYNAMICS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8171 NW 74 AVE

Suite, Apt. #, etc.

3. Mailing Address

8171 NW 74 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY FL

City & State

MEDLEY FL

4. FEI Number

65-9367196

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ENRIQUE J. ENRIQUEZ

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

8171 NW 74 AVE

City

MEDLEY

FL

Zip Code

33166

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT / DIRECTOR
NAME	ENRIQUE J. ENRIQUEZ
STREET ADDRESS	8171 NW 74 AVE
CITY - ST - ZIP	MEDLEY FL 33166
TITLE	VICE PRESIDENT / DIRECTOR
NAME	CARLOS VALENCIA
STREET ADDRESS	8171 NW 74 AVE
CITY - ST - ZIP	MEDLEY FL 33166
TITLE	SECRETARY / TREASURER
NAME	MARIA ENRIQUEZ
STREET ADDRESS	8171 NW 74 AVE
CITY - ST - ZIP	MEDLEY FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other the empowered.

SIGNATURE:

ENRIQUE J. ENRIQUEZ

4-26-02

305 299 3048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)