

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 038 ***150.00

DOCUMENT #	V57342	
1. Entity Name	APPLIED DYNAMICS CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8171 NW 74 AVE		8171 NW 74 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MEDLEY FL		City & State MEDLEY FL	
Zip 33166	Country USA	Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-9367196		Applied For Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name ENRIQUE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR ENRIQUE J. ENRIQUEZ 8171 NW 74 AVE MEDLEY FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR CARLOS VALENCIA 8171 NW 74 AVE MEDLEY FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MARIA ENRIQUEZ 8171 NW 74 AVE MEDLEY FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Enriquez MARIA ENRIQUEZ 4/29/03 (305) 299-3048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)