2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 347107** Feb 16, 2000 8:00 am **Secretary of State** DYNE-A-MARK CORPORATION 02-16-2000 90035 014 ***150.00 Principal Place of Business Mailing Address 500 WINDERLEY PL 500 WINDERLY PL #100 #100 MAITLAND FL 32751-7406 MAITLAND FL 32751-406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1264735 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 MADRAZO, CHARLES Street Address (P.O. Box Number is Not Acceptable) 500 WINDERLEY PL #100 MAITLAND FL 32751-7406 Zip Code City FL 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 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, 2000 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 12. 11. Change Addition □ Delete TITLE TITLE MADRAZO, CHARLES NAME STREET ADDRESS 500 WINDERLEY PL. #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 06 ☐ Addition TITLE ☐ Delete Change NAME PERSE, RICHARD NAME STREET ADDRESS 500 WINDERLEY PL. #100 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 06 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE OLLER, GAYLE NAME NAME STREET ADDRESS 1001 N.W. 62ND ST #300N STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Daytime Phone #