

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90109 022 ****61.25

DOCUMENT # N44978

1. Entity Name
DYNAMIC BUSINESS NETWORK, INC.



Principal Place of Business

**4310 SHERIDAN ST.
S-202
HOLLYWOOD FL 33021**

Mailing Address

**4310 SHERIDAN ST.
S-202
HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0284819**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDRE S. BUTRON
4310 SHERIDAN ST.
SUITE 202
HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **POZIN, PHILIP**
STREET ADDRESS **1040 NW 99 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PD** ☐ Delete
NAME **BURTON, ELLEN SUE**
STREET ADDRESS **4310 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **TD** ☐ Delete
NAME **BERNARD BURTON**
STREET ADDRESS **4310 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ Delete
NAME **BURTON, ANDRE S.**
STREET ADDRESS **4310 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **D** ☐ Delete
NAME **JOSEPH, ERIC**
STREET ADDRESS **6800 SW 41 ST**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☐ Delete
NAME **LEONE, LUCY**
STREET ADDRESS **4310 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4310 SHERIDAN ST.**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

CR2E037 (10/02)