

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90106 018 \*\*\*550.00

**DOCUMENT # P01000109796**

1. Entity Name  
**DYNABILT TECHNOLOGIES CORPORATION**

Principal Place of Business

1850 NE 144 ST  
 N MIAMI FL 33181

Mailing Address

1850 NE 144 ST  
 N MIAMI FL 33181

980434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 726

City & State

City & State  
 Hallandale, FL

4. FEI Number

65-1157076

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33008

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WAINWRIGHT, EARL**  
 1850 NE 144 ST  
 N MIAMI FL 33181

7. Name and Address of New Registered Agent

Name **WAINWRIGHT EARL**

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, the registered agent.

SIGNATURE

*Earl Wainwright*

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 11, 2002

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	WAINWRIGHT, EARL	1850 NE 144 ST	N MIAMI FL 33181	<input type="checkbox"/>
D	BADER, HAROLD	1850 NE 144 ST	N MIAMI FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Earl Wainwright*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 11, 2002 305 919 9800  
 Date Daytime Phone #

CR2E034 (4/02)