

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90100 001 \*\*\*\*\*8.75  
 05-03-2002 90100 002 \*\*\*150.00

DOCUMENT # **P98000096358**

1. Entity Name  
**DYNAMIC CORPORATE CONSULTANTS, INC.**

Principal Place of Business      Mailing Address  
**18478 ALPHONSE CIR.**      **18478 ALPHONSE CIR.**  
**PORT CHARLOTTE FL 33948-8951**      **PORT CHARLOTTE FL 33948-8951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0876874</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<del>SANTANA, YUNIAM</del> <b>18478 ALPHONSE CIR</b> <b>PORT CHARLOTTE FL 33948-8951</b>				Name: <b>EDWIN G. SANTANA</b> Street Address (P.O. Box Number is Not Acceptable): <b>18478 ALPHONSE CIRCLE</b> City: <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code: <b>33948</b>			

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: **EDWIN G. SANTANA, PRESIDENT**      DATE: **4/15/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PP</b> <input type="checkbox"/> Delete	NAME: <b>SANTANA, YUNIAM</b>	TITLE: <b>DIRECTOR/SEC. TREAS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>YUNIAM SANTANA</b>
STREET ADDRESS: <b>18478 ALPHONSE CIR.</b>	CITY-ST-ZIP: <b>PORT CHARLOTTE FL 33948-8951</b>	TITLE: <b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>EDWIN G. SANTANA</b>
TITLE: <b>STO</b> <input type="checkbox"/> Delete	NAME: <b>SANTANA, EDWIN G</b>		
STREET ADDRESS: <b>18478 ALPHONSE CIR</b>	CITY-ST-ZIP: <b>PORT CHARLOTTE FL 33948-8951</b>		
TITLE: <b>VPD</b> <input type="checkbox"/> Delete	NAME: <b>DAVOODI, MAHMOOD</b>		
STREET ADDRESS: <b>14541 FAIRFAX PLACE</b>	CITY-ST-ZIP: <b>DAVIE FL 33325</b>		
TITLE: <input type="checkbox"/> Delete	NAME:		
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	NAME:		
STREET ADDRESS:	CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete	NAME:		
STREET ADDRESS:	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 persons empowered.

SIGNATURE:      DATE: **4/15/02**      DAYTIME PHONE #: **(941) 743-2899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)