2002 Uniform Business Report (UBR)

SIGNATURE

Apr 03, 2002 8:00 am Secretary of State 479467 DOCUMENT # 1. Entity Name DYNA-PRINT, INC. Principal Place of Business Mailing Address 2121 S.W. 58TH TERR. 2121 S.W. 58TH TERR. P O BOX 3634 P O BOX 3634 WEST HOLLYWOOD FL 33023 WEST HOLLYWOOD FL 33023 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1605123 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS, BERNAL, JR. Street Address (P.O. Box Number is Not Acceptable) 2121 SW 58 TERR. HOLLYWOOD FL 33023 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ■ Addition Change TITLE Delete TITLE LEWIS, BERNAL S. III NAME NAME 7321 HARBOR BLVD. STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME LEWIS, MARION B. STREET ADDRESS 7321 HARBOR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL Addition Delete TITLE TITLE LEWIS, BERNAL S JR NAME STREET ADDRESS STREET ADDRESS 7321 HARBOR BLVD CITY-ST-78 CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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-7IP 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.