2000	UNIFORM BUSI	NESS REPOR	IT (UBR	i)			FILE	E D		
DOCUI 1. Entity Name	DOCUMENT # 515921 1. Entity Name					May 02, 2000 8:00 am Secretary of State				
DYNAMIC CREATIVE ACHIEVEMENT, INC.							etary 2000 90025			
Principal Place	e of Business	Mailing Address		į.						
8605 SW 74TH MIAMI FL 33140 US		8805 SW 74TH TERR MIAMI FL 33186-4560 US						D) 4.8 47 8.44 4.1 4	D) 4(4) (48)	
2. Principal Pl	ace of Business SW 127 Corum #, etc.	3. Mailing Address \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	12740	DUN		DO NOT	WRITE IN THIS	SPACE		
Mity & State	PORIDA		RIDA	4.	FEI Numb	^{er} 59-169	5214	No	oplied For ot Applicable	
33186		33186-4560	Country USA			of Status Desir		\$8.75 Add		
	6. Name and Address of Current F	Registered Agent	Name	i .		റ	ew Registered			
PERCIVAL, MARY Street Address (P					REN (Box Numb		FR CI VA table)	<u> </u>		
	SW 74TH TERRACE NI FL 33143		119	45 5	w	1274	Court			
1	Λ		City	timi	2	· //	FL	Zip Cod	186-4560	
8. The above partied entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.										
SIGNATURE Registred agent and title if applicable. Registred Agent signature required when reinstating) DATE DATE President 4/25/2500										
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 \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State						ection Campaig ust Fund Contril			May Be	
11.	OFFICERS AND I		12.	77171717	- 7 / 1 /		OFFICERS AND			
TITLE NAME	PST PERCIVAL, LAWRENCE G.	☐ Delete	TITLE NAME	DIREC	104	GALB 1	PS/	☐ Change	Addition 69/9/	
STREET ADDRESS	11945 S.W. 127TH COURT		STREET ADDRESS						034	
CITY-ST-ZIP	MIAMI FL	. ∧	CITY-ST-ZIP							
TITLE NAME	C DEDCHAL MADY	Delete	TITLE Name					Change	☐ Addition ☐	
STREET ADDRESS CITY-ST-ZIP	PERCIVAL, MARY 11945 S.W. 127TH COURT MIAMI FL	,	STREET ADDRESS CITY-ST-ZIP							
TITLE:=-		— □ Delete	- TITLE	~				- 🗌 Change	Addition '	
NAME Street Address City-St-Zip			NAME Street address City-St-Zip							
TITLE		Delete	TITLE		_			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME Street Address			NAME STREET ADDRESS						ŀ	
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME Street Address							
CITY-ST-ZIP			CITY-ST-ZIP							
13. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is poration or the pecaiver or trustee empo	this filing does not qualify for the true and accurate and that my	e exemption state signature shall ha	ed in Section we the same	119.07(3) legal effe	(i), Florida Statu ot as if made ur	ites. I further ce ider oath; that I	rtify that the in am an officer	nformation or director	
of the cor changed,	poration or the prodiver or trustee empo or on an attadprent with an address, w	wered to execute this report as with all other like empowered.	required by Char	oter 607, Flori	ida Statute	es; and that my	name appears i	n Block 11 or	· Block 12 if S-3 およ	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED WINE OF SIGNING OFFICER OR DIRECTOR Day INC. Date Daytime Phone #										