

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90107 046 ***158.75

DOCUMENT # F02000004727

1. Entity Name
FINANCIAL DYNAMICS, LTD. INC.



Principal Place of Business
**6 PALERMO AVENUE STE. 100
CORAL GABLES FL 33134**

Mailing Address
**6 PALERMO AVENUE STE. 100
CORAL GABLES FL 33134**



2. Principal Place of Business
1400 NW 107th Ave
Suite, Apt. #, etc.
209

3. Mailing Address
1400 NW 107th Ave
Suite, Apt. #, etc.
Suite 209

City & State
Miami FL

City & State
Miami FL

4. FEI Number **05-0418734**

Applied For
☐ Not Applicable

Zip **33172** Country **DADE**

Zip **33172** Country **DADE**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEUMANN, ROBERT SCOTT
6 PALERMO AVENUE STE. 100
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ROBERT NEUMAN**
Street Address (P.O. Box Number is Not Acceptable)
1400 NW 107th Ave
Suite 209
City **Miami** FL Zip Code **33172**

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)

2/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP RIVERS, DAN 16520 SOUTH POST ROAD #104 WESTON FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOLOTOW, NORMAN 6 WESTMINSTER STREET PROVIDENCE RI 02903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERS, KOREENA 16520 SOUTH POST RD #104 WESTON FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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: **Dan Rivers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 **305 441 0033**
Date Daytime Phone #

CR2E034 (10/02)