

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000002063

1. Entity Name  
DYNAMIC MORTGAGE BANKERS, LTD. CORP.



Principal Place of Business  
1025 OLD COUNTRY ROAD  
WESTBURY, NY 11590

Mailing Address  
1025 OLD COUNTRY ROAD  
WESTBURY, NY 11590

FILED  
04 MAY -5 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022003

Chg-P

CR2E034 (10/03)

4. FEI Number  
13-3939202

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FROST, NICHOLAS  
148 SOUTH WIMBROW DRIVE  
SEBASTIAN, FL 32958

Name

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
NAME FLOWER, R.J.  
STREET ADDRESS 127 WARWICK ROAD  
CITY-ST-ZIP BRONXVILLE, NY 10708

☐ Change ☐ Addition  
600036275976  
05/13/04--01076--006 \*\*150.00

TITLE V ☐ Delete  
NAME FLOWER, ROB  
STREET ADDRESS 235 EAST 89TH STREET, #5FS  
CITY-ST-ZIP NEW YORK, NY 10128

☐ Change ☐ Addition

TITLE ST ☐ Delete  
NAME FLOWER, ANGELA  
STREET ADDRESS 127 WARWICK ROAD  
CITY-ST-ZIP BRONXVILLE, NY 10708

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## Division of Corporations

## Annual Report

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Document Number

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Business Entity Name

DYNAMIC MORTGAGE BANKERS, LTD. CORP.

FEI Number

133939202

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

1025 OLD COUNTRY ROAD

Suite, Apt. #, etc.

City, State

WESTBURY

NY

Zip Code &amp; Country

11590

## Mailing Address

Address

1025 OLD COUNTRY ROAD

Suite, Apt. #, etc.

City, State

WESTBURY

NY

Zip Code &amp; Country

11590

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

RICHARDS

RUEL

-or- RA Business Name

Address

8320 MUIRHEAD CIRCLE

Suite, Apt. #, etc.

City, State

BAYNTON

FL

Zip Code &amp; Country

33437

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

**Division of Corporations****Annual Report**

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Business Entity Name

**DYNAMIC MORTGAGE BANKERS, LTD. CORP.**Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Officer/Director Name And Address**

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)    
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)   
-or- Entity Name

Street Address •

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

**List more than six Officers/Directors** ☒ **No additional Officers/Directors to list**

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

VP

Officer/Director Signature



Continue

Reset

Start Over

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