

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F83729

1. Entity Name

DYNAMIC CONTRACTING CO. INC.

Principal Place of Business

Mailing Address

20725 N.E. 16TH AVENUE
SUITE 47
N. MIAMI BEACH FL 33179

20725 N.E. 16TH AVENUE
SUITE 47
N. MIAMI BEACH FL 33179-2100

2. Principal Place of Business

Same

3. Mailing Address

SAME

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

SAME

City & State

Same

City & State

SAME

Zip

Same

Country

USA

Zip

SAME

Country

USA

6. Name and Address of Current Registered Agent

ROSENTHAL, CHARLES
2660 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

Same Charles Rosenthal

Street Address (P.O. Box Number is Not Acceptable)

Same

City

Same

FL

Zip Code

Same

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

Charles Rosenthal

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-2000

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

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORTEZ, LUIS
20725 N.E. 16TH AVE., S47
NO MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
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CITY-ST-ZIP ☐ Change ☐ Add

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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.

SIGNATURE:

Luis Cortez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2000 (305) 947469

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90022 049 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2222448

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required