

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90020 034 ***150.00

0205548 AV

DOCUMENT # F83729

1. Entity Name
DYNAMIC CONTRACTING CO. INC.

Principal Place of Business 20725 N.E. 16TH AVENUE SUITE 47 N. MIAMI BEACH FL 33179	Mailing Address 20725 N.E. 16TH AVENUE SUITE 47 N. MIAMI BEACH FL 33179
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2. Principal Place of Business SAME	3. Mailing Address SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2222448	Applied For
	Not Applicable

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

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
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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, 2002 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 D	<input type="checkbox"/> Delete
NAME CORTEZ, LUIS	
STREET ADDRESS 20725 N.E. 16TH AVE., S47	
CITY-ST-ZIP NO MIAMI BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2-13-2002(305) 9474699
 Date Daytime Phone #

CR2E034 (9/01)