FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jul 10, 2001 8:00 am J42640 **DOCUMENT # Secrétary of State** 1. Entity Name 07-10-2001 90128 032 \*\*\*150.00 DIENAMIC TOOL & ENGINEERING, INC. Principal Place of Business Mailing Address 1810 SW 7TH AVE / 1810 SW 7TH AVE C0072869 POMPANO BCH FL 33060 POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0025975 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name ANDERSON, DAVID Street Address (P.O. Box Number is Not Acceptable) 1921 NW 89TH AVE MARGATE FL 33063 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Addition ☐ Delete TITLE ANDERSON, DAVID NAME 1921 NW 80TH AVE STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP **VD** ☐ Delete Change Addition ANDERSON, BARBARA NAME STREET ADDRESS 1921 N.W. 80TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL Control of the contro TITLE Change 1 Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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 the 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 exemption 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

1810 S.W. 7 Avenue • Pompano Beach, Florida 33060 • (305) 941-4420

To Whom it may concern;

Concerning your '2001 Uniform Business Report.

Having not recieved the first notice of this report I contacted your office on 3 July 2001 to advise this, I was then told to respand with a c heck for \$150.00 which is anclosed.

> thank you for your consideration in clearing up this matter