

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000014542
 1. Entity Name
DYNAMIC TRADING, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 SEP 25 PM 10:57

Principal Place of Business Mailing Address
925 SOUTH FEDERAL HIGHWAY, SUITE 200 **925 SOUTH FEDERAL HIGHWAY, SUITE 200**
BOCA RATON FL 33432 **BOCA RATON FL 33432**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1061073 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER <input type="checkbox"/> Delete JEFF DORIA 4285 N.W. 66th PLACE BOCA RATON, FL. 33496	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Signature Required Date: **8/22/01** Daytime Phone #: **561-445-0358**

STAPLE CHECK HERE

CFR2E083 (5/01)