2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600001233



FILED Feb 24, 2003 8:00 am Secretary of State

DYNAM	IC POTENTIAL, L.C.				02-24-2003 90	0047 001 ****5	50.00
Principal P	Place of Business	Mailing Address					
1550 MADRL	JGA AVE	1550 MADRUGA AVE #331		ļ			
#331 CORAL GAR	LES FL 33146						
ļ		CORAL GABLES FL 33146	1	J. 1188	Plidit CIO (\$110 Ottre aces anses	Bitt PAUL SPIAL JOHN LIN	
2. Principa	al Place of Business	3. Mailing Address					
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			istant ata satta astit as tit e atit e	1414 44 144 8844 4 16 844 (188	
		Oute, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & S	tate	City & State	<u> </u>	4. FEI Nu	imber 65-0732809		Applied For
Zip	Country	Zip	Country	- 			Not Applicable
			Country	5. Certific	cate of Status Desired	□ \$5.00 / Fee Requ	Additional
	6. Name and Address of Curren	t Registered Agent		7. Name	and Address of New Rec	istered Agent	mreu
AC	KERMAN, STEVEN CPA	وحصين المعتباء الأمال	Name	Name			
	28 SW 48TH ST.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33155						
			City				
8. The abov	re named entity submits this statement for	or the guree of the				FL Zip Co	ode
the obliga	re named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered office or r	egistered agent, or	both, in the State of Florid	a. I am familiar wit	n, and accept
SIGNATURE	Cleant						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTe	E: Registered Agent signature	required when reinstating)		DATE	
	<i>:</i>	FILE NO	DW!!! FEE IS \$50	0.00			
	• • •	Make Check Payabl	e to Florida Depa	irtment of State			
9.	MANAGING MEMBE		By May 1, 2003				
TITLE	MGRM	Delete	10.		ADDITIONS/CH	ANGES	
NAME ./ STREET ADDRÉSS	MITCHELL, KIETH A	□ Sciete	NAME			☐ Change	☐ Addition
CITY-ST-ZIP	511 ALHAMBRA CIRCLE		STREET ADDRESS				
TITLE	CORAL GABLES FL 33134 MGRM		CITY-ST-ZIP				ľ
NAME	MITCHELL, L. DIANE	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	511 ALHAMBRA CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP				[
TITLE (☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS		and the second of the second	STREET ADDRESS	-		ongo	
TTY-ST-ZIP			CITY-ST-ZIP				
TLE AME		☐ Delete	TITLE			[7] Cha	
TREET ADDRESS			NAME			☐ Change	☐ Addition
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				}
TLE		☐ Delete	TITLE		 		
REET ADDRESS		Delete	NAME			☐ Change	☐ Addition
TY-ST-ZIP		ı	STREET ADDRESS				
LE LE			CITY-ST-ZIP				
ME		☐ Delete	TITLE		, -	☐ Change	☐ Addition
REET ADDRESS			NAME STREET ADDRESS				
Y-ST-ZIP			CITY-ST-7IP				
 I hereby ce indicated or limited liabil 	rtify that the information supplied with the number of the supplied with the number of the supplied with the number of the supplied of the sup	is filing does not qualify for th at my signature shall have the	e exemption stated in same legal effect as	Section 119.07(3)(if made under path	i), Florida Statutes. I furthe	er certify that the int	formation

to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: