2000 UNIFORM BUSINESS REPORT (UBR)

001778 SP

DOCUMENT # L99000002274

1. Entity Name

DYNAMIC INVESTMENTS OF SOUTH FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:06

Principal Place of Business	Mailing Address
3649 MARION DRIVE FORT LAUDERDALE FL 33316	3649 MARION DRIVE FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2649 MARION DRIVE
Suite, Apt. #, etc.
City & State: Ft LAUDERDALE FL
Zip: 33316 Country: U.S.A BROWARD

3. Mailing Address: 2649 MARION DRIVE
Suite, Apt. #, etc.
City & State: Ft. LAUDERDALE FL
Zip: 33316 Country: U.S.A BROWARD

4. FEI Number: 65-0927137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A ESQUIRE
8000 PETERS ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: GUNTHER E J COVERS
Street Address (P.O. Box Number is Not Acceptable): 2649 MARION DRIVE
City: Ft. LAUDERDALE FL Zip Code: 33316

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 [signature] GUNTHER COVERS 02/01/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	☐ Delete
NAME	COVERS, GUNTHER	
STREET ADDRESS	2649 MARION DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	200003131242--2 -02/10/00--01078--013 *****50.00 *****50.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

CR2E083 (9/99)

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 [signature] GUNTHAR COVERS 01/02/00 954-523-3997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #