

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97291

1. Entity Name

FLORIDA DYNAMIC MARKETING CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90018 040 ***150.00

Principal Place of Business 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD FL 33020-6615
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2. Principal Place of Business 2237 N. Commerce Parkway Suite Apt. #, etc. #3	3. Mailing Address 2237 N. Commerce Parkway Suite Apt. #, etc. #3
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City & State Weston, FL 33326	Country US	City & State Weston, FL 33326	Country US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0071685	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MANELLA, ROSS H P.A.
 2500 HOLLYWOOD BLVD
 SUITE 212
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name
MANELLA, ROSS H. ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 2237 N. Commerce Parkway
 Suite #3
 City
 Weston FL Zip Code
 33326

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 ROSS MANELLA
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4/26/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD INDIK, AVI 9834 FAIRWAY COVE LANE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: AVI INDIK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/26/00 Daytime Phone #

CR2E034 (9/99)