

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005210

1. Entity Name

THE DYNAMICS FOUNDATION FOR CHILDREN'S EDUCATION

Principal Place of Business

1401 BRICKELL AVE., SUITE 1000
MIAMI FL 33131

Mailing Address

1401 BRICKELL AVE., SUITE 1000
MIAMI FL 33131-3504

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

65-0862482

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JURIS MAGISTER CORPORATE SERVICES
1221 BRICKELL AVE., SUITE 1100
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME DE VLAS, BIANCA
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1000
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☒ Change ☐ Addition
NAME BIANCA BOLUDA
STREET ADDRESS 1401 BRICKELL AVE, SUITE 1000
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☐ Delete
NAME MASCORT, EULALIA
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1000
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BOLUDA, ANTONIO J
STREET ADDRESS 1401 BRICKELL AVE., SUITE 1000
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2000 (205)377-1869
Date Daytime Phone #

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

01-19-2000 90124 043 ****70.00



DO NOT WRITE IN THIS SPACE