


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90036 010 ***150.00

DOCUMENT # **P 00000006338** ✓ (L)

1. Entity Name
**Dynamic National Consulting Firm
for H.I.M.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12358 ST Simon Dr Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State Boca Raton, FL	City & State	4. FEI Number 593619358	Applied For Not Applicable
Zip 33428	Country USA	Zip	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Frantz Desroches

Street Address (P.O. Box Number is Not Acceptable)
12358 ST Simon Dr

City
Boca Raton FL Zip Code
33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frantz Desroches**
Signature, typed or printed name of registered agent and title, if applicable.

05/29/03
DATE

January 1 - May 1: Fee is \$350.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CEO	NAME Frantz Desroches
STREET ADDRESS 12358 ST Simon Dr	
CITY-STATE-ZIP Boca Raton, FL 33428	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frantz Desroches**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/29/03
Date

Daytime Phone #

CR2E034B (12/02)