

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90005 006 ***150.00

DOCUMENT # P00000039151

1. Entity Name

DYNAMIC FINANCIAL SERVICES, INC.

VR

Principal Place of Business

Mailing Address

**340 NE 183 STREET
 MIAMI FL 33179**

**340 NE 183 STREET
 MIAMI FL 33179**

09074195



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 NE 183rd St.

3. Mailing Address

925 W Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Ft Lauderdale FL

4. FEI Number

65-1010632

Applied For

Not Applicable

Zip

Country

Zip

Country

33179

USA

33312

USA

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

**MONESI, EUGENE
 340 NE 183 STREET
 MIAMI FL 33179**

Name

Monesi, Eugene

Street Address (P.O. Box Number is Not Acceptable)

925 W. Broward Blvd

City

Ft Lauderdale FL

Zip Code

33312

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

7-19-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MONESI, EUGENE**
 CITY-ST-ZIP **340 NE 183 STREET**
MIAMI FL 33179

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **925 W Broward Blvd**
 CITY-ST-ZIP **Ft Lauderdale, FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Eugene Monesi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-01

Date

Daytime Phone #

305 654 8874

CR2E034 (5/01)

