

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043321

1. Entity Name
DYNOWORLD, INC.

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

04-25-2001 90091 022 ***150.00

Principal Place of Business

1364 DWENZEL AVE.
DELRAY BEACH FL 33444

Mailing Address

P.O. BOX 970518
BOCA RATON FL 33497

2. Principal Place of Business

200 Knuth Road
Suite, Apt. #, etc.
Suite 112

City & State
Boynton Beach, FL

Zip Country
33436 Palm Beach

3. Mailing Address

200 Knuth Rd, Ste 112
Suite, Apt. #, etc.
Suite 112

City & State
Boynton Beach, FL

Zip Country
33436 Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1003388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINGOLD, DAVID
3300 P.G.A. BLVD., STE. 410
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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.

X SIGNATURE *[Signature]* OFFICE *[Signature]* DATE *1/24/01*

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 \$150.00
After MAY 1, 2001 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 **PD LAWRENCE, DERICKSON K** ☒ Delete
STREET ADDRESS **1364 DWENZEL AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE NAME **STD ALLMON, DEAN** ☐ Delete
STREET ADDRESS **1364 DWENZEL AVE.**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PRESIDENT - John H. Nonni** ☒ Change ☐ Addition
STREET ADDRESS **200 Knuth Road, Ste 112**
CITY-ST-ZIP **Boynton Beach, FL 33436**
John H. Nonni

TITLE NAME **Vice President** ☒ Change ☐ Addition
STREET ADDRESS **Lazaro M Guardiola**
CITY-ST-ZIP **200 Knuth Road, Ste 112**
Boynton Beach, FL 33436

TITLE NAME **Director** ☐ Change ☒ Addition
STREET ADDRESS **Maria M. Nonni**
CITY-ST-ZIP **200 Knuth Road, Ste 112**
Boynton Beach, FL 33436

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

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

TITLE NAME ☐ Change ☐ Addition
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: *[Signature]* **DEAN W. ALLMON** Sec. *1/24/01* **561-733-4799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)