

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 26, 2001 8:00 am**
Secretary of State

03-26-2001 90017 042 ***158.75

DOCUMENT # P00000100711

1. Entity Name

DYNAMIC ONE TRADING, INC.

Principal Place of Business

8739 SOUTHWEST 4TH LANE
MIAMI FL 33174

Mailing Address

8739 SOUTHWEST 4TH LANE
MIAMI FL 33174

2. Principal Place of Business

3. Mailing Address

8739 S.W. 4 LANE**8739 S.W. 4 LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL 33174**MIAMI, FL 33174**

City & State

City & State

Zip

Country

Zip

Country

33174**U.S.A****33174****U.S.A**

4. FEI Number

65-1051271

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

ELOISA ALVAREZ

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

8739 S.W. 4 LANE

City

MIAMI, FL

FL

Zip Code

33174

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.

PST D **ELOISA ALVAREZ** **Eloisa Alvarez**
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**3/20/01**
DATE9. 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 State10. 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 **PSTD** ☒ Delete
NAME **EARNST, EMILY**
STREET ADDRESS **8739 SOUTHWEST 4TH LANE**
CITY-ST-ZIP **MIAMI FL 33174**TITLE **PSTD** ☐ Change ☒ Addition
NAME **ELOISA ALVAREZ**
STREET ADDRESS **8739 S.W. 4 LANE**
CITY-ST-ZIP **MIAMI, FL 33174**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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: **Eloisa Alvarez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/20/2001** **(305)551-1863**
Date Daytime Phone**(305) 559-2042**
Daytime Phone

CR2E034 (10/00)