

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90621 049 ***150.00

DOCUMENT # P01000025118

1. Entity Name

DYNASTY ACQUISITIONS, INC.

Principal Place of Business

12920 N.E. 8TH AVENUE

NORTH MIAMI FL 33161

639 NE 125 ST

North Miami FL 33161

Mailing Address

12920 N.E. 8TH AVENUE

NORTH MIAMI FL 33161

639 NE 125 ST

North Miami, FL 33161

2. Principal Place of Business

639 NE 125 ST

3. Mailing Address

639 NE 125 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami FL

City & State

N. Miami FL

4. FEI Number

65-1086097

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIRELLA, ALFRED J

12920 N.E. 8TH AVENUE

NORTH MIAMI FL 33161

639 NE 125 ST

North Miami FL

33161

7. Name and Address of New Registered Agent

Name

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

639 NE 125 ST

North Miami FL 33161

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

ALFRED J. TIRELLA

4/24/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	PSD CONTE, VINCE DR. 12920 N.E. 8TH AVENUE NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD TIRELLA, ALFRED J ESQ. 12920 N.E. 8TH AVENUE NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUPST Alfred Jo Tirella 639 NE 125 ST North Miami FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ALFRED J. TIRELLA

(Signature, typed or printed name of signing officer or director)

4/24/02 305 849-6365

Date

Daytime Phone #

CR2E034 (9/01)