

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90041 020 ***150.00

DOCUMENT # P01000079897

1. Entity Name
DINAMIT INC.

Principal Place of Business

Mailing Address

~~1065 NE 125TH STREET SUITE 317~~
~~NORTH MIAMI FL 33161~~

1065 NE 125TH STREET SUITE 317
 NORTH MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

169 E. FLAGLER ST.

Suite, Apt. #, etc.
STE. 1534 - PMB 1101

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

4. FEI Number

65-1129774

Applied For

Not Applicable

Zip
33131

Country
USA

Zip

Country

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

LOPEZ, JORGE R
200 SOUTH BISCAYNE BLVD SUITE 2600
MIAMI FL 33131

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D
 NAME **PAFUNDI, ADRIAN**
 STREET ADDRESS **1065 NE 125TH STREET SUITE 317**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **346 SE 2 AVE.**
 CITY-ST-ZIP **DANIA BEACH, FL 33004**

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
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

Date

Daytime Phone #

(954) 923-6714

CR2E034 (9/01)