

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90231 007 ***150.00

DOCUMENT # P02000078795

1. Entity Name
DINAMIC SOUND ON WHEELS INC.



Principal Place of Business
**1605 NW 119 STREET
NORTH MIAMI FL 33167**

Mailing Address
**1605 NW 119 STREET
NORTH MIAMI FL 33167**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ALFONSO, ARIEL~~
~~1144 NW 123 STREET~~
~~NORTH MIAMI FL 33168~~

Name **LAZARO ALFONSO**
Street Address (P.O. Box Number is Not Acceptable)
1144 NW 123rd St.
City **N. Miami** FL Zip Code **33168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/17/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **PD** ☐ Delete
NAME **ALFONSO, LAZARO**
STREET ADDRESS **1144 NW 123 RD.ST.**
CITY-ST-ZIP **NORTH MIAMI FL 33168**

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

☐ Delete
TITLE
NAME **ALFONSO, ARIEL**
STREET ADDRESS **1144 NW 123 ST.**
CITY-ST-ZIP **NORTH MIAMI FL 33168**

☒ Change ☐ Addition
TITLE
NAME **ALFONSO, ARIEL**
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03

305 485 1862

CR2E034 (10/02)