


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90098 049 \*\*\*150.00

**DOCUMENT #** P02000079437 ✓

**1. Entity Name**  
DYNAMIC INTERNATIONAL, INC.



**Principal Place of Business**  
13160 NW 7TH AVENUE  
MIAMI FL 33168

**Mailing Address**  
13160 NW 7TH AVENUE  
MIAMI FL 33168

**2. Principal Place of Business**  
13136 N-W 7<sup>th</sup> AVE  
Suite, Apt. #, etc.  
Miami, Florida  
City & State  
33168 Miami-Dade  
Zip Country

**3. Mailing Address**  
13136 N-W 7<sup>th</sup> AVE  
Suite, Apt. #, etc.  
Miami, Florida  
City & State  
33168 Miami-Dade  
Zip Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 35-2176174 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
CADET, MAX R  
13160 NW 7TH AVENUE  
MIAMI FL 33168

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

**SIGNATURE** *CADET, MAX R* **CADET, MAX R, President** **04/01/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**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 807, 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 officers, directors, and persons authorized to execute this report.**

**SIGNATURE:** *CADET, MAX R* **04/01/03** **305-953-9584**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)