FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jun 20, 2003 8:00 am **Secretary of State** P02000094711 DOCUMENT # 06-20-2003 90027 036 ***150.00 1. Entity Name C & L DYNAMIC ENTERPRISES, INC. Principal Place of Business Mailing Address 1501 SW 7TH STREET 1501 SW 7TH STREET **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 2060099 Not Applicable Zip Country Country **\$8.75** Addi 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIAUTAUD, DINAH C Street Address (P.O. Box Number is Not Acceptable) 1501 SW 7TH STREET **BOCA RATON FL 33486** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D, O. TITLE ☐ Delete TITLE Change Addition ANDRÉ CASSAGNOL 4750 BRANDYWINE DR. NAME NAME STREET ADDRESS STREET ADDRESS يئو. مور. CITY-ST-ZIP CITY-ST-7IP BOCA RATION PL 33487 TITLE יסימ ☐ Delete TITLE Change Addition NAME NAME CUATUAIL HANIC STREET ADDRESS STREET ADDRESS 1501 5W 745 ST CITY-ST-ZIP CITY-ST-ZIP RATION FL 33486 TITLE D., D. THERESA O CASSAGNOL Delete TITLE Change ☐ Addition NAME NAME HTOD BRANDWINE DRT STREET ADDRESS STREET ADDRESS BOCA RATION FL CITY-ST-ZIP CITY-ST-ZIR TITLE D. 10. ☐ Delete TITLE ☐ Change ☐ Addition CHRISTIAN LIAUTAUD NAME STREET ADDRESS 1501 SW 7th ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATION FL 33486 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 of Block 11 in