FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90828 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095599

1. Entity Name
DYNAMIC PAVERS INC.

99119080

Principal Place of Business
4868 AL FRESCO ST
BOCA RATON, FL 33428

Mailing Address
4868 AL FRESCO ST
BOCA RATON, FL 33428

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: 541 South State Rd. 7
Suite, Apt. #, etc.: 4.)
City & State: Margate, Florida
Zip: 33068 Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0640816 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPANO BEACH, FL 33064

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 ____________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CUNHA, DENIS 4868 AL FRESCO ST BOCA RATON, FL 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECT, TREASURER HATIA CUNHA 4868 AL FRESCO STREET BOCA RATON, FLORIDA 33428 ☐ Change ☒ Addition
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CR2E034 (10/02)

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] PRES. 954-917-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #