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

## FILED Feb 14, 2003 8:00 am Secretary of State 01-29-2003 90184 025 \*\*\*150.00

1/2

| DOCUMENT # P02000099217  1. Entity Name DYNAMIC EXPORT, INC.       |   |  |   |  |                                 |  |   |                                |   | UI MIN  |   |  |    |
|--|---|--|---|--|---------------------------------|--|---|--------------------------------|---|---|---|--|----|
| Principal Plac<br>17555 COLLIN<br>SUITE 1908<br>SUNNY ISLE I<br>US | is avenue   | 17555<br>Suite<br>Sunn<br>US   | Mailing Address 17555 COLLINS AVENUE SUITE 1908 SUNNY ISLE FL 33160 US 3. Mailing Address |  |                                 |  |   |                                |   |   |   |  |    |
| Suite, Apt.  |   |  | Suite, Apt. #, etc.   |  |                                 |  |   | CHECK HERE IF MAKING CHANGES   |   |   |   |  |    |
| City & State   | e   | City   | City & State  |  |                                 |  | 4. FEI Number 5/0425760 Applied For Not Applied |                                |   | oplied For<br>ot Applicable                               | }   |  |    |
| Zip Country  |   |  | Zip   |  |                                 |  | 5. Certificate of Status Desired Fee Required   |                                |   |   |   |  |    |
|  | 6. Name an  | Address of Curro   | nt Registere  | d Agent =  |                                 | Name   | <u> </u>  |                                | ame and Address of Ne   |   | (gent   |  | 1  |
| KING, MARK   |   |  |   |  |                                 | -SUCTEANA-KUSHNIK                            |   |                                |   |   |   |  | ١. |
| 3890 W. COMMERCIAL BLVD  |   |  |   |  |                                 |  | ddress (F                                       | <b>5</b> Bo                    | Collins of Agent  | 1908  |   |  | 1  |
| SUITE 214  |   |  |   |  |                                 |  |   |                                |   |   |   |  | 1  |
| FORT LA  | uderdale fl   |  |   |  |                                 |  |   | les Beacu                      | FL  | Zip Cod   | 160   |  |    |
| 8. The above the obligat   | named entity su<br>tions of registere   | bmits this statement   | for the purp  | ose of changing its                              | register                        | ed office or                                 | registere                                       | ed age                         | ent, or both, in the State of   | Florida. Lam i  | amiliar with,                                 | and accept                               |    |
| SIGNATURE .  | Signature, typed or pr  | O KUSHI<br>inted name of registered ag   | int and title if app  | Iicable. (NOTE                                   | Registere                       | d Agent signatu                              | ACS P   | when rein                      | nstating)   | DATE  | 2/02  |  |    |
| After  | r May 1, 2003 l   | ÈE IS \$150.00<br>Fée will be \$550.0  | 0   |  |                                 |  |   | ļ                              | 9. Election Campaign<br>Trust Fund Contrib                                      | Financing ution.  | \$5.0<br>Added                                | O May Be<br>I to Fees                    |    |
|  | C Payable to Fi   | OFFICERS AN  |   | DC   | 11.                             |  |   | ADI                            | DITIONS/CHANGES TO  | DEFICERS AND  | DIRECTORS                                     | S IN 11                                  | ┨  |
| IITLE  | P   | OPPICERS AN  | DDINECTO  | □ Delete   | TITL                            |  | 0,,   | CL                             | AN TIKHON   | 100   | Change  | Addition .                               | 8  |
| NAME   | KUSHNIR, ZORY   |  |   |  |                                 | E 4, L                                       | 100   | 5/24                           | 5 NE 264  | 1e SF   |   | ,  | 13 |
| STREET ADDRESS 17555 COLLINS AVE. SUFTE 190 SUNNY ISLE FL 33160    |   |  |   | )8 STREE   |                                 |  | Nok   | eta                            | MIAMI BEA   | BY FL   | 33/   | 60                                       | 5  |
| TITLE  | SUMM! ISLE  | FL 33100   |   | ☐ Defate   |                                 | secreta                                      |   |                                |   |   |   | Addition                                 | ؤا |
| NAME   |   |  | •   | De:00  | NAM                             | E 20040 MA                                   |   |                                | 5 Collins   |   |   | ~  | 10 |
| STREET ADDRESS<br>CITY-ST-ZIP                                      | i   |  |   |  |                                 | ET ADORESS<br>-ST-ZIP                        |   |                                | y Esses Be  |   |   | 3/60                                     |    |
| TITLE  |   |  |   | Deleta   | TITL                            | E  |   | ~ -                            | ·   |   |   | [ Addition                               | 1. |
| NAME   |   |  |   |  | NAM                             |  |   |                                |   |   |   |  |    |
| STREET ADDRESS<br>CITY-ST-ZIP                                      | -   |  |   |  | 1                               | ET ADDRESS<br>-St-Zip                        |   |                                |   |   |   |  | Ì  |
| TITLE  | <del></del>   | · · · · · · · · · · · · · · · · · · ·  |   | ☐ Delete   | TITLE                           |  |   |                                |   |   | Change  | ☐ Addition                               | 1  |
| NAME   |   |  | •   |  | NAM                             | ٤  |   |                                |   |   |   |  | 1  |
| STREET ADDRESS   |   |  |   |  |                                 | ET ADDRESS                                   |   |                                |   |   |   |  | ŀ  |
| CITY-ST-ZIP  |   |  |   |  |                                 | -ST-ZIP<br>-                                 |   |                                | <u> </u>  |   | ☐ Change                                      | ☐ Addition                               | 1  |
| TITLE<br>NAME  |   |  |   | Delete   | NAM                             | 1  |   |                                |   |   | onarge  |  |    |
| STREET ADDRESS   | Į.  |  |   |  | STRE                            | ET ADORESS                                   |   |                                |   |   |   |  |    |
| CITY-ST-ZIP  |   |  |   |  | CITY                            | -ST-ZIP                                      |   |                                |   |   | <u> </u>                                      |  |    |
| TITLE  |   |  |   | Delete   | TITLE                           |  |   |                                |   |   | ☐ Change                                      | Addition                                 |    |
| NAME<br>STREET ADDRESS   |   |  |   |  | NAM<br>STRE                     | ET ADDRESS                                   |   |                                |   |   |   | 1  |    |
| CITY-ST-ZIP  |   |  |   |  |                                 | -ST-ZIP                                      |   |                                |   |   |   |  |    |
| indicated<br>of the corr<br>changed,                               | on this report or poration or the reportion or the reportion or the report or on an attache | formation supplied w<br>supplemental report<br>seceiver or trustee en<br>ment with an addres | t is true and a<br>powered to   | accurate and that <b>r</b><br>execute this repor | the exe<br>y signal<br>as requi | mption stat<br>ture shall his<br>roat by Cha | ed in Sec<br>eve the s<br>pter 607,             | ction 1<br>same te<br>, Florid | 19.07(3)(i), Florida Statutegal effect as if made und a Statutes; and that my n | es. I further cer<br>ler oath; that I a<br>ame appears in | tify that the in<br>an afficer<br>Block 10 or | iformation<br>or director<br>Block 11 if |    |
| <b>SIGNAT</b>  | UKE: _  | J. Kry. W. Fred  | 3,7,41 (Val.)   |  | بيلان                           | 2 YZ   |   |                                | 1/5/2/  |   | udiese Obeses B                               |  | 1. |