

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054933

1. Entity Name

DYNAMIC MANAGEMENT CONSULTANTS, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90123 018 ***150.00

Principal Place of Business

Mailing Address

1800 WEST 49TH STREET
#301
HIALEAH FL 33012
US

1800 WEST 49TH STREET
#301
HIALEAH FL 33012-2947
US

2. Principal Place of Business

9370 SUNSET DRIVE

3. Mailing Address

9370 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # A-106

SUITE # A-106

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

33173

U.S.A.

Zip

Country

33173

U.S.A.

4. FEI Number

65-0428873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOTTARI, GINA V
1800 W. 49TH STREET
SUITE 301
HIALEAH FL 33012

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME BOTTARI, GINA V
STREET ADDRESS 1800 W. 49TH STREET, SUITE 301
CITY-ST-ZIP HIALEAH FL

TITLE PSTD ☒ Change ☐ Addition
NAME BOTTARI, GINA V.
STREET ADDRESS 9370 SUNSET DRIVE, SUITE A-106
CITY-ST-ZIP MIAMI, FL 33173

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 supplementary 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 11 or Block 12 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

Gina V. Bottari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00 (305) 225-7156

Date

Daytime Phone #

CR2E034 (9/99)