

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90240 006 ***150.00

DOCUMENT # P93000054933

1. Entity Name
DYNAMIC MANAGEMENT CONSULTANTS, INC.



Principal Place of Business

9370 SUNSET DR

A-106

MIAMI FL 33173

US

Mailing Address

9370 SUNSET DR

A-106

MIAMI FL 33173

US

2. Principal Place of Business

9370 Sunset Dr

Suite, Apt. #, etc.

A-150

City & State

miami FL

Zip

33173

Country

USA

3. Mailing Address

9370 Sunset Dr

Suite, Apt. #, etc.

A-150

City & State

miami, FL

Zip

33173

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

BOTTARI, GINA V

1800 W. 49TH STREET

SUITE 301

HALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Bottari, Gina V

Street Address (P.O. Box Number is Not Acceptable)

9370 SUNSET DRIVE

A-150

City

miami

FL

Zip Code

33173

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 signature required when reinstating)

DATE

2-21-03

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

TITLE **PSTD** ☐ Delete
NAME **BOTTARI, GINA V**
STREET ADDRESS **9370 SUNSET DR STE A106**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Bottari, Gina V**
STREET ADDRESS **9370 Sunset Drive # A-150**
CITY-ST-ZIP **miami FL 33173**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)