2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State
06-23-2000 90108 015 ***550.00

DOCUMENT # P96000008813

1. Entity Name

DYNAMIC PROMOTIONS & PRIMIUMS, INC.

Principal Place of Business	Mailing Address
50 W. MASHTA DR. KEY BISCAYNE FL 33149 US	50 W MASHLA DR #5 KEY BISCAYNE FL 33149 US

00066186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
340 Caribbean Rd.	340 Caribbean Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. FEI Number 65-0642430 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SECOVIA, JUANITA
50 W MASHLA DR
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name: Segovia-Juanita
Street Address (P.O. Box Number is Not Acceptable): 340 Caribbean Rd.
City: Key Biscayne FL Zip Code: 33149

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS FERNANDO ECHAVARRA 50 W. MASHTA DR. KEY BISCAYNE FL	☐ Delete	VP FERNANDO ECHAVARRIA 340 CARIBBEAN RD. KEY BISCAYNE, FL 33149	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ FERNANDO ECHAVARRIA 5/30/00 305-361-8575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/97)