

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008813

1. Entity Name
DYNAMIC PROMOTIONS & PREMIUMS, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90140 004 ***150.00

0619169

Principal Place of Business
50 W. MASHTA DR.
KEY BISCAYNE FL 33149
US

Mailing Address
50 W MASHTA DR #5
KEY BISCAYNE FL 33149
US

317798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
340 Caribbean Rd.
Suite, Apt. #, etc.

3. Mailing Address
340 Caribbean Rd.
Suite, Apt. #, etc.

City & State
Key Biscayne, FL
Zip
33149
Country

City & State
Key Biscayne, FL
Zip
33149
Country

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 MASHTA DR
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
Name
Secovia, 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, 2001 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	VPS	<input type="checkbox"/> Delete	TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO ECHAVARRA		NAME	FERNANDO ECHAVARRA	
STREET ADDRESS	50 W. MASHTA DR.		STREET ADDRESS	340 CARIBBEAN RD.	
CITY-ST-ZIP	KEY BISCAYNE FL		CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 info empowered.

SIGNATURE: Fernando Echavarría 2/8/01 305-361-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)