## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am Secretary of State P97000008255 **DOCUMENT #** 1. Entity Name 04-09-2002 91174 032 \*\*\*150.00 DYNAMIC GENERAL REPAIRS, INC. Principal Place of Business Mailing Address C/O STEFANO CARVALHO C/O STEFANO CARVALHO 2740 N.E. 16TH AVENUE 1145 SW 4 STREET POMPANO BEACH FL 33064 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FÉI Number Applied For 65-0723267 120 ta Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARVALHO, STEFANO Street Address (P.O. Box Number is Not Acceptable) 2740 N.E. 16TH AVENUE POMPANO BEACH FL 33064 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME CARVALHO, STEFANO NAME carvalho, 2740 N.E. 16TH AVENUE STREET ADDRESS STREET ADDRESS 1145 SW 454. POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP Boca Rator TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME