

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90107 033 \*\*\*150.00

00058289

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P970000001683**

1. Entity Name

**DYNAMIC INTERIOR DESIGNS, INC.**

Principal Place of Business

Mailing Address

**5820 TEAKWOOD RD** **→ SAME**  
**LAKE WORTH, FL 33467**

2. Principal Place of Business

3. Mailing Address

**5601 BARNSTEAD CIR** **SAME AS**  
 Suite, Apt. #, etc.

City & State

City & State

**LAKE WORTH**

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

**33463** **Palm Beach**

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

Name

**AIESHA MOORE**

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

**5601 BARNSTEAD CIR**

City

**LAKE WORTH**

FL

Zip Code

**33463**

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 ☐ Delete  
 NAME **DONNA ROBERTS**  
 STREET ADDRESS **5820 TEAKWOOD RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☒ Change ☐ Addition  
 NAME **5601 BARNSTEAD CIR**  
 STREET ADDRESS **LAKE WORTH FL 33463**

TITLE ☐ Delete  
 NAME **EVERETT ROBERTS**  
 STREET ADDRESS **5820 TEAKWOOD RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☒ Change ☐ Addition  
 NAME **5601 BARNSTEAD CIR**  
 STREET ADDRESS **LAKE WORTH FL 33463**

TITLE ☐ Delete  
 NAME **AIESHA MOORE**  
 STREET ADDRESS **5820 TEAKWOOD RD**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☒ Change ☐ Addition  
 NAME **5601 BARNSTEAD CIR**  
 STREET ADDRESS **LAKE WORTH FL 33463**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**AIESHA MOORE** **4/10/00** **561-7669**

CR2E034 (9/99)