

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086553

1. Entity Name

DYNAMIC IMPRESSIONS, INC.

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 021 ***550.00

Principal Place of Business

Mailing Address

1210 STIRLING RD.
STE 2C
DANIA FL 33004
US

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STE 2C
DANIA FL 33004
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0788284

Applied For

Not Applicable

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

EDDIE, MICHAEL
2318 DEWEY STREET
HOLLYWOOD FL 33020

Name

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

City

FL

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
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	PT	<input type="checkbox"/> Delete
NAME	EDDIE, MICHAEL	
STREET ADDRESS	2318 DEWEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	EDDIE, APRIL	
STREET ADDRESS	2318 DEWEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDIE, MICHAEL	
STREET ADDRESS	2318 DEWEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDIE, APRIL	
STREET ADDRESS	2318 DEWEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	FV/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA GROTH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROTH, LAURA	
STREET ADDRESS	1478 NW 97 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

[Signature]

MICHAEL EDDIE

7-11-01

954-921-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0087289