

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096358

1. Entity Name

DYNAMIC CORPORATE CONSULTANTS, INC.

Principal Place of Business

18478 ALPHONSE CIR.
PORT CHARLOTTE FL 33948-8951

Mailing Address

18478 ALPHONSE CIR.
PORT CHARLOTTE FL 33948-8951

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 65-0876874

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

SANTANA, YUNIAM

~~101 COLONIAL STREET SW~~ 18478 Alphonse Cir.
~~PORT CHARLOTTE FL 33952-9108~~ PT. CHARLOTTE, FL
33948-8951

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

Yuniam Santana

Yuniam Santana

1/9/01

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

TITLE PD ☐ Delete
NAME SANTANA, YUNIAM
STREET ADDRESS 18478 ALPHONSE CIR.
CITY-ST-ZIP PORT CHARLOTTE FL 33948-8951

TITLE STD ☐ Delete
NAME SANTANA, EDWIN G
STREET ADDRESS 18478 ALPHONSE CIR
CITY-ST-ZIP PORT CHARLOTTE FL 33948-8951

TITLE VPD ☐ Delete
NAME DAVOODI, MAHMOOD
STREET ADDRESS 14541 FAIRFAX PLACE
CITY-ST-ZIP DAVIE FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(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 an other like empowered.

SIGNATURE:

Yuniam Santana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01 (941) 743-2899

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90103 001 ***150.00

01-19-2001 90103 002 *****8.75

22258



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)