

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-25-2001 90292 031 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099209

1. Entity Name

Dynamic Trading Co.

Principal Place of Business

Mailing Address

2. Principal Place of Business

8000 NW 31st St

3. Mailing Address

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

City & State

Miami FL

City & State

SALE

Zip

33122

Country

USA

Zip

Country

4. FEI Number

65-0907275

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

Edvaldo Gadea
 10689 N. Kendall Dr. #304
 Miami, FL 33176.

Name: Talison Advisory Corp
 Street Address (P.O. Box Number is Not Acceptable)
 10300 Sunset Dr. Suite #435
 City Miami FL Zip Code 33173

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 registering)

DATE

6/19/01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☐

FILE NUMBER
 AND MAY 15 2001
 FROM CHECK PAYMENT

FEES: \$150.00
 Fee will be \$500.00
 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	Horla Norberto A.	
STREET ADDRESS	11591 NW 50 th Ter	
CITY-ST-ZIP	Miami FL 33178	
TITLE	VD	☒ Delete
NAME	Guzman Sonia	
STREET ADDRESS	1824 Brickell Ave	
CITY-ST-ZIP	Miami FL 33129	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SD	☐ Change ☒ Addition
NAME	Fonseca Ingrid Elizabeth	
STREET ADDRESS	11591 N.W. 50 th Terrace	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/01

Date

305-592-0256

Daytime Phone

CR2E034 (11/00)