

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90107 007 ***150.00

DOCUMENT # P99000001802

1. Entity Name

"DYNAMIC BUILDERS, CORP.



Principal Place of Business

14922 NW 89 CT
MIAMI LAKES FL 33018

Mailing Address

14922 NW 89 CT
MIAMI LAKES FL 33018

2. Principal Place of Business

14922 NW, 89 CT

Suite, Apt. #, etc.

3. Mailing Address

14922 NW, 89 CT

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0887798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERALTA, RENE

14922 N.W. 89TH CT.

MIAMI LAKES FL 33018

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RENE A. PERALTA PRES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/04/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PERALTA, RENE
STREET ADDRESS 14922 N.W. 89TH CT
CITY-ST-ZIP MIAMI LAKES FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-03

Date

954-553-6260

Daytime Phone #

CR2E034 (10/02)