2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000016666** May 12, 2000 8:00 am Secretary of State 1. Entity Name DYNASTY OF SOUTH FLORIDA CORPORATION 05-12-2000 90080 024 ***150.00 Principal Place of Business Mailing Address 6135 N.W. 167 ST.,#E-27 6135 N.W. 467 ST. #E-27 MIAMI EL 33015 MIAMI FL 33015-4355 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Spare, Apt. #, etc. ゝい、 ነ**ሌ**ኣ & Sta Not Applicable Country 5. Certificate of Status Desired Fee Required ひりか 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent Name LOUK, WAYNE M JR. Not Acceptable Idress (P.O. Box Number 6135 N.W. 167 ST., #E-27 MIAMI FL 33015 statement fee the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE tered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to alisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. D Delete TITLE TITLE LOUK, WAYNE M JR. NAME NAME STREET ADDRESS STREET ADDRESS 6135 N.W. 167 ST., #E-27 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33015** ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP -Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIF ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 firue 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.