

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0155099 AV

**DOCUMENT # P99000016666**

1. Entity Name  
**DYNASTY OF SOUTH FLORIDA CORPORATION**



05-05-2003 90105 044 \*\*\*150.00

Principal Place of Business  
**3300 W 84TH STREET  
BAY 17  
HIALEAH FL 33018**

Mailing Address  
**3300 W 84TH STREET  
BAY 17  
HIALEAH FL 33018**



2. Principal Place of Business  
**2800 W 84 ST.**

3. Mailing Address  
**2800 W 84 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bay # 4**

**Bay # 4**

City & State

City & State

**Miami, FL**

**Miami, FL**

Zip

Zip

**33018**

**33018**

Country

Country

**US**

**US**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0894034**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

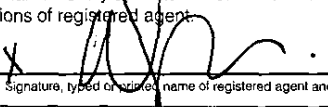
6. Name and Address of Current Registered Agent

**LOUK, WAYNE M JR.  
3300 W 84TH STREET  
BAY 17  
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name  
**Wayne Louk M**  
Street Address (P.O. Box Number is Not Acceptable)  
**2800 W 84 ST. Bay # 4**  
**Miami, FL 33018**  
City **FL** Zip Code **33018**

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/03**  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **LOUK, WAYNE M JR.**  
CITY-ST-ZIP **3300 W 84TH STREET # 17  
HIALEAH FL 33018**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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

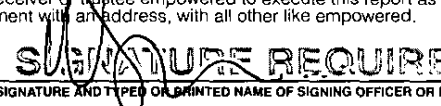
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**4/28/03** **(305) 827-4556**  
Date Daytime Phone #

CR2E034 (10/02)