

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P99000021101

FILED
Aug 01, 2000 8:00 am
Secretary of State

06-08-2000 90029 040 ***150.00

1. Entity Name

DYNAMIC RACING INC.

Principal Place of Business

14820 TETHERCLIFF STREET
 DAVIE FLORIDA
 33331-2904 USA

Mailing Address

14820 TETHERCLIFF STREET
 DAVIE FLORIDA
 33331-2904 USA

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

59-3569972

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTOPHER MUSCATO NINOS
 5100 WEST COPANS ROAD
 SUITE #100
 MARGATE FLORIDA 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

SUITE #710

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY S. HENSON	
STREET ADDRESS	14820 TETHERCLIFF STREET	
CITY-ST-ZIP	DAVIE FLORIDA 33331-2904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY S. HENSON	
STREET ADDRESS	14820 TETHERCLIFF STREET	
CITY-ST-ZIP	DAVIE FLORIDA 33331-2904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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 like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

1/4/29/00

Daytime Phone #

1 954 680 2025

CR2E034 (9/99)

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6/8/00-90029-040-\$150.00-\$150.00

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--	--

106998

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3. Mailing Address

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

City & State

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TITLE: D Delete
NAME: BARRY S. HENSON
STREET ADDRESS: 14820 TETHERCLIFF STREET
CITY-ST-ZIP: DAVIE FLORIDA 33331-2904

TITLE: P/V/S/T Change Addition
NAME: BARRY S. HENSON
STREET ADDRESS: 14820 TETHERCLIFF STREET
CITY-ST-ZIP: DAVIE FLORIDA 33331-2904

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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STREET ADDRESS:
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TITLE: Delete
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TITLE: Delete
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CITY-ST-ZIP:

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

TITLE: Delete
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)(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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/4/29/00

Date

1/854/680-8025

Daytime Phone #

CR2E034 (9/99)