

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91155 004 ***150.00

769197

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000021101

1. Entity Name
 DYNAMIC MANAGEMENT AND FINANCIAL SERVICES INC.

Principal Place of Business		Mailing Address	
5100 WEST COPANS ROAD SUITE #100 MARGATE FLORIDA 33063		5100 WEST COPANS ROAD SUITE #100 MARGATE FLORIDA 33063	
2. Principal Place of Business		3. Mailing Address	
1000 NORTH HIATUS ROAD Suite, Apt. #, etc. SUITE #101		1000 NORTH HIATUS ROAD Suite, Apt. #, etc. SUITE #101	
City & State		City & State	
PEMBROKE PINES FLORIDA		PEMBROKE PINES FLORIDA	
Zip	Country	Zip	Country

4. FEI Number 59-3569972 **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
CHRISTOPHER M. NINOS 5100 WEST COPANS ROAD SUITE #100 MARGATE FLORIDA 33063	Name Street Address (P.O. Box Number is Not Acceptable) 5100 WEST COPANS ROAD SUITE #710 City MARGATE FL Zip Code 33063-7700

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 Christopher M. Ninos E.P.H. **DATE** 04-26-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D BARRY S. HENSON 14820 TETHERCLIFF STREET DAVIE FLORIDA 33331-2904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/VICE PRESIDENT/ SECRETARY/ TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BARRY S. HENSON **BARRY S. HENSON** **DATE** 4-26-01 **DAYTIME PHONE** (954)-443-0409

CR2E034 (11/00)