

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91206 030 ***550.00

DOCUMENT # **P99000021101**
1. Entity Name
Dynamic Management and Financial Services Inc. ✓

DO NOT WRITE IN THIS SPACE

B0124470

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14820 Tethercliff Street Suite, Apt. #, etc.		3. Mailing Address 14820 Tethercliff St Suite, Apt. #, etc.	
City & State Davie FL		City & State Davie FL	
Zip 33331	Country USA	Zip 33331	Country USA
4. FEI Number 59-3569972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Barry S. Henson	
	Street Address (P.O. Box Number is Not Acceptable) 14820 Tethercliff Street	
	City Davie	Zip Code FL 33331

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 **Barry S. Henson** **Barry S. Henson** **5/30/02**
Signature, typed or printed name of registered agent and title, if applicable. (NO I.L. Registered Agent signature required when reinstating) DAIL

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Barry S. Henson 14820 Tethercliff St Davie FL 33331	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Barry S. Henson** **Barry S. Henson** **5/30/02** **954-452-9918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)