

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072257

1. Entity Name

DYNAMIC MEDICAL CENTER, INC.

Principal Place of Business

8222 WEST FLAGLER STREET  
MIAMI FL 33144

Mailing Address

8222 WEST FLAGLER STREET  
MIAMI FL 33144

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 65-0940527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DENIS, LISET  
2364 WEST 56 STREET  
APT. 103  
HIALEAH FL 33016

Name

Daniel Bachiller

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

20589 SW 2 St.

Pembroke Pines, FL

City

Pembroke Pines

FL

Zip Code

33029

7. Name and Address of New Registered Agent

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

1-10-01

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, 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

TITLE D  
NAME DENIS, LISET ☒ Delete  
STREET ADDRESS 2364 WEST 56 STREET APT. 103  
CITY-ST-ZIP HIALEAH FL 33016

TITLE D  
NAME FRAGA, TERESA ☒ Delete  
STREET ADDRESS 3530 WEST 80 STREET UNIT 101  
CITY-ST-ZIP HIALEAH FL 33018

TITLE D  
NAME FARINAS, MYRNA ☒ Delete  
STREET ADDRESS 13010 NW 1ST STREET APT. 301  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President/Director ☒ Change ☐ Addition  
NAME Daniel Bachiller  
STREET ADDRESS 20589 SW 2 Street  
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE Lázaro R. Denis ☒ Change ☐ Addition  
NAME Vice President/Director  
STREET ADDRESS 1520 SW 14 Ter.  
CITY-ST-ZIP Pembroke Pines, FL 33029

TITLE Secretary-Treasurer-Director ☒ Change ☐ Addition  
NAME JOSE DE LA CRUZ  
STREET ADDRESS 13010 NW 1st Street #301  
CITY-ST-ZIP Pembroke Pines, FL 33028

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

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

Date

Daytime Phone #

1-10-01

(305) 207 6648

CR2E034 (10/00)

0181180

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90030 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE