

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081116

1. Entity Name

DYNOMIKE INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90101 008 ***150.00

Principal Place of Business

Mailing Address

1280 S.W. ABACUS AVENUE
 PORT ST. LUCIE FL 34953

1280 S.W. ABACUS AVENUE
 PORT ST. LUCIE FL 34953-6603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0948001

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALDMAN, MICHAEL
1280 S.W. ABACUS AVENUE
PORT ST. LUCIE FL 34953

Name

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

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 **Pres** Delete

NAME **Michael Waldman**
 STREET ADDRESS **1280 SW Abacus Ave**
 CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE **SEC-TREAS-** Delete

NAME **GABRIELA WALDMAN**
 STREET ADDRESS **1280 SW Abacus Ave**
 CITY-ST-ZIP **PT ST LUCIE FL 34953**

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 _____ Change Addition

NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition

NAME _____
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 CITY-ST-ZIP _____

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2523 (1/00)