

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90199 015 \*\*\*150.00

M157204 AV

**DOCUMENT #** P02000081360

1. Entity Name - **MULTIMIND GROUP, INC**



Principal Place of Business  
**1449 N. 14TH WAY  
204  
HOLLYWOOD FL 33020**

Mailing Address  
**1449 N. 14TH WAY  
204  
HOLLYWOOD FL 33020**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ALLEN, JESSICA  
1449 N. 14TH WAY  
204  
HOLLYWOOD FL 33020**

4. FEI Number **52-2367326**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name **LUIS MIGUEL DUQUE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1449 N. 14th WAY Suite 204**  
City **HOLLYWOOD FL 33020 FL** Zip Code **33020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **02.19.03**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALLEN, JESSICA</b> <b>1449 N. 14TH WAY #204</b> <b>HOLLYWOOD FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DUQUE, LUIS MIGUEL</b> <b>1449 N. 14TH WAY #204</b> <b>HOLLYWOOD FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DUQUE, DIEGO</b> <b>1449 N. 14TH WAY #204</b> <b>HOLLYWOOD FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LUIS MIGUEL DUQUE</b> <b>1449 N 14th WAY #204</b> <b>HOLLYWOOD FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JESSICA ALLEN</b> <b>1449 N 14th WAY #204</b> <b>HOLLYWOOD FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>DIEGO DUQUE</b> <b>1449 N. 14th WAY #204</b> <b>HOLLYWOOD FL 33020</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **02.19.03** **954.929.3286**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)