

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90658 029 \*\*\*150.00

**DOCUMENT #** P99000051643 ✓  
 1. Entity Name

Multidisciplinary Business Applications  
 Principal Place of Business      Mailing Address  
 27 Marlwood Lane      27 Marlwood Lane  
 Palm Beach Gardens,      Palm Beach Gardens,  
 FL 33418      FL 33418

**A0038272**

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      Applied For  
 65-0928031      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Eric Kaplan  
 27 Marlwood Lane  
 Palm Beach Gardens, FL 33418

7. Name and Address of New Registered Agent  
 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, 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      Delete   
 NAME      Eric Kaplan  
 STREET ADDRESS      27 Marlwood Lane  
 CITY - ST - ZIP      Palm Beach Gardens, FL 33418

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE      Change  Addition   
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

CR2E034 (11/00)

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:** \_\_\_\_\_ Date 3/20/01 Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR