

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000076959

**Entity Name:** DR MULTISERVICE TECHNICIAN INC

**Current Principal Place of Business:**

2935 NE 163 ST  
APT 6-L  
NORTH MIAMI, FL 33160

**Current Mailing Address:**

2935 NE 163 ST  
APT 6-L  
NORTH MIAMI, FL 33160 US

**FEI Number:** 84-3395430

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMIREZ RAMIREZ, DEIVID G  
2935 NE 163 ST  
APT 6-L  
NORTH MIAMI, FL 33160 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RAMIREZ RAMIREZ, DEIVID G  
Address 2935 NE 163 ST  
City-State-Zip: NORTH MIAMI FL 32160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEIVID G RAMIREZ RAMIREZ

**PRESIDENT**

**06/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date