

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 428279

1. Entity Name

MULTICON OF FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90079 043 ***150.00

Principal Place of Business

2601 E OAKLAND PK BLVD
SUITE 204
FT. LAUDERDALE FL 33306-1606
US

Mailing Address

2601 E OAKLAND PK BLVD
SUITE 204
FT. LAUDERDALE FL 33304-4421
US

2. Principal Place of Business

918 NE 15TH AVE.

3. Mailing Address

918 NE 15TH AVE.

Suite, Apt. #, etc.

UNIT 1

Suite, Apt. #, etc.

UNIT 1

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

59-1588873

Applied For

Not Applicable

Zip

33304

Country

USA

Zip

33304

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEINHARDT, JOHN B.
2601 E OAKLAND PARK BLVD
SUITE 204
FT. LAUDERDALE FL 33306-8613

7. Name and Address of New Registered Agent

Name
DEINHARDT, JOHN B.

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

918 NE 15th AVE., UNIT 1

City FORT LAUDERDALE

FL

Zip Code 33304

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

John B. Deinhardt

JOHN B. DEINHARDT

4/19/2000

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE CPDT ☐ Delete
NAME DEINHARDT, JOHN B.
STREET ADDRESS 2601 E OAKLAND PK BLVD.,STE.204
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VS ☒ Delete
NAME DEINHARDT, ELIZABETH C.
STREET ADDRESS 2601 E OAKLAND PK BLVD., SUITE 204
CITY-ST-ZIP FT. LAUDERDALE FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPDTVS ☒ Change ☐ Addition
NAME DEINHARDT, JOHN B.
STREET ADDRESS 918 NE 15th AVE., UNIT 1
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

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

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:

John B. Deinhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John B. Deinhardt

4/19/2000

(954) 462-7774

Date

Daytime Phone #