

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J23408

1. Entity Name

MULTICON SOUTHEAST, INC.

Principal Place of Business

Mailing Address

2601 E. OAKLAND PK. BLV.
SUITE 204
FT. LAUDERDALE FL 33306
US

2601 E. OAKLAND PK. BLV.
SUITE 204
FT. LAUDERDALE FL 33306-1612
US

2. Principal Place of Business

3. Mailing Address

918 NE 15TH AVE.

918 NE 15TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 1

UNIT 1

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip
33304

Country
USA

Zip
33304

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2697498

Applied For

Not Applicable

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

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

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

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 CPTDS ☐ Delete
NAME DEINHARDT, JOHN B.
STREET ADDRESS SUITE 204
CITY-ST-ZIP FT. LAUDERDALE FL 33306

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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
John B. Deinhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000 (954) 462-7774

Date

Daytime Phone #