

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02601

1. Entity Name

BOX SQUARE/MULTI DOMESTIC CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90004 022 ***150.00

Principal Place of Business

Mailing Address

4011 W. FLAGLER ST.
#403
MIAMI FL 33134

P.O BOX 65-0624
MIAMI FL 33265-0624
US

2. Principal Place of Business

11110 SW 36 ST

3. Mailing Address

P.O. BOX 371438

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

KEY LARGO

FL

Zip

33165

Country

USA

Zip

33037

Country

USA

4. FEI Number

65-0131120

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

RODRIGUEZ, GUILLERMO
4011 W. FLAGLER ST.
SUITE 403
MIAMI FL 33134

Name

GABRIEL CARROLL

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

11110 SW 36 ST

City

MIAMI

FL

Zip Code

33165

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, 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 ☐ Delete
NAME PD
STREET ADDRESS CARROLL, GABRIEL
CITY-ST-ZIP 10965 S.W. 28TH ST.
MIAMI FL 33165

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gabriel Carroll 3/31/2000 305 451 9778

Date

Daytime Phone #

CFR2034 (9/99)