

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90003 015 \*\*\*158.75

**DOCUMENT # L02601**

1. Entity Name

**BOX SQUARE/MULTI DOMESTIC CORP.**

Principal Place of Business

**11110 SW 36 ST  
MIAMI FL 33135**

Mailing Address

**PO BOX 371438  
KEY LARGO FL 33037  
US**

2. Principal Place of Business

**7950 N.W. 14 STREET**

3. Mailing Address

**P.O. BOX 37-0505**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAM, FLORIDA**

City & State

**KEY LARGO, FLORIDA**

Zip  
**33126**

Country  
**USA**

Zip  
**33037**

Country  
**USA**

4. FEI Number

**65-0131120**

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROLL, GABRIEL  
11110 SW 36 ST  
MIAMI FL 33165**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CARROLL, GABRIEL  
117 OCEAN SHORES DR.  
KEY LARGO FLORIDA 33037** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

**MARCH 30 2001**

Date

**(305)451-7122**

Daytime Phone #

CR2E034 (10/00)

**818935**



DO NOT WRITE IN THIS SPACE