## FILED **UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # P00000080140 EMULTIWEBSITEDESIGN.COM, INC. 05-20-2002 90063 006 \*\*\*150 00 Principal Place of Business Mailing Address 11333 SW 17TH COURT 11333 SW 17TH COURT MIRAMAR FL 33025-6603 MIRAMAR FL 33025-6603 3. Mailing Address 471 Fish THIL TETULACE 2. Principal Place of Business FISHTAIL TEKRA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For FLONIDA FLONIDA 34382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENESES, CARLOS O Street Address (P.O. Box Number is Not Acceptable) 11333 SW 17TH COURT MIRAMAR FL 33025-6603 HTAIL TERRACE 8. The above named antity sulfinits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition MENESES, CARLOS O NAME NAME 11333 SW 17TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025-6603 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition **BELLO, MICHAEL** NAME 11333 SW 17TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33025-6603 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 D

t/26/2002 954-660-0

Daytime Phone #

Cmult websitcdesign. Com, Img

P00000080 140

Sorry I am Using hast year's form but have not , Releived this year's. Probably because my address has changed please see new address in the form. Thanks!