

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90043 025 ***150.00

DOCUMENT # P00000099181

1. Entity Name
MULTINTERCOM, INC.

Principal Place of Business

Mailing Address

~~12201 N.W. 35 STREET~~
~~SUITE 333~~
~~CORAL SPRINGS FL 33065~~

~~12201 N.W. 35 STREET~~
~~SUITE 333~~
~~CORAL SPRINGS FL 33065~~

2. Principal Place of Business

20950 Rustlewood Ave
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 970518
 Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number **65-1051025**

Applied For
 Not Applicable

Zip
33428

Country
Palm Beach

Zip
33470518

Country
Palm Beach

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

BUSTAMANTE, OSCAR
12201 N.W. 35 STREET
~~SUITE 333~~
CORAL SPRINGS FL 33065

Name

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

Suite 210

City

FL

Zip Code

☒ 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D PRACH.** ☐ Delete
NAME **BUSTAMANTE, OSCAR**
STREET ADDRESS **12201 N.W. 35 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP, T, S** ☐ Change ☒ Addition
NAME **Solita Chacon**
STREET ADDRESS **20950 Rustlewood Ave**
CITY-ST-ZIP **BOCA RATON - FL - 33428**

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
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
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:

Solita Chacon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

561-4777750
 Daytime Phone #

CR2E034 (9/01)