

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90281 014 ***150.00

DOCUMENT # P02000008650

1. Entity Name
MULTICONTROL, INC.



Principal Place of Business
**900 TALLWOOD AVE #102
HOLLYWOOD FL 33021**

Mailing Address
**900 TALLWOOD AVE #102
HOLLYWOOD FL 33021**



2. Principal Place of Business
900 TALLWOOD AVE

3. Mailing Address
900 TALLWOOD AVE

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip
33021

Country

Zip
33021

Country

4. FEI Number
47-0854643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRAVO, ADA F
3600 SOUTH STATE RD 7 STE 220
MIRAMAR FL 33023**

7. Name and Address of New Registered Agent

Name **Jose E. Orjuela**
Street Address (P.O. Box Number is Not Acceptable)
900 Tallwood Ave. #102
City **Hollywood** FL Zip Code **33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/27/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ORJUELA, JOSE E**
STREET ADDRESS **900 TALLWOOD AVE #102**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VSD** ☐ Delete
NAME **GURMAN, RUBEN D**
STREET ADDRESS **900 TALLWOOD AVE #102**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VSD** ☒ Change ☐ Addition
NAME **GURMAN, RUBEN D**
STREET ADDRESS **900 TALLWOOD AVE #102**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/27/03** DAYTIME PHONE # **954-394-4720**

CR2E034 (10/02)