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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000060498

1. Entity Name

MULTI CORPORATE SERVICES INC.



Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE 0-305 520 BRICKELL KEY DRIVE 0-305 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$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 FREEMAN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE 0-305 MIAMI FL 33131 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE D/P/S Change Addition Delete GAYSINA, NADEZDA NAME NAME Gaysina, Nadezda 520 BRICKELL KEY DRIVE 0-305 STREET ADDRESS STREET ADDRESS 520 Brickell Key Dr., Suite 305 **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33131</u> ☐ Delete TITLE ☐ Change XXAddition NAME Aristondo, Hildie STREET ADDRESS STREET ADDRESS 520 Brickell Key Drive, #305 CITY-ST-ZIP CITY-ST-ZIP Miami, FLorida 33131 X Addition TITLE Detete TITLE VP □ Change NAME NAME Colao, Jôhn STREET ADDRESS STREET ADDRESS 520 Brickell Key Dr., Suite 305 CITY-ST-ZIP CITY-ST-ZIP Miami FL 33131 TITLE ☐ Delete TITLE **XX**Addition NAME Gaysin, Boris STREET ADDRESS STREET ADDRESS 520 Brickell Key Dr., Suite #305 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change XX Addition NAME NAME Baskin, Yuzik STREET ADDRESS STREET ADDRESS 520 Brickell Key Dr., #305 CITY-ST-7IP CITY-ST-ZIP Miami, FL_33131_ **Addition TITLE ☐ Delete TITLE NAME NAME Itkina, Nataliya STREET ADDRESS STREET ADDRESS 520 Brickell Key Dr., Suite 305 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this Hing 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 eport 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 of 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 an laddress, with all other like empowered.

SIGNATURE:

ATURE IN HILD TEAR IS TONDO

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2003 (305) 374-3800

Date

Daytime Phone #

3R2F034 (10/0)