

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000036853

1. Entity Name  
**MULTI-COMPUTER INTERNATIONAL, INC**



FILED

03 JUL 24 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

300022370373  
08/18/03--01014--014 \*\*450.00

2. Principal Place of Business  
**7225 NW 25 STREET**  
Suite, Apt. #, etc.  
**STE 101**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State

4. FEI Number  
**65-0409593**

Applied For  
Not Applicable

Zip  
**33122**

Country

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**CARLOS A. MOLINA**  
Street Address (P.O. Box Number is Not Acceptable)  
**7225 NW 25 STREET-STE 101**  
City  
**MIAMI** FL Zip Code  
**33122**

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

07/22/2003

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
CARLOS A. MOLINA  
7225 NW 25 ST- STE 101  
MIAMI, FL 33122**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

07/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

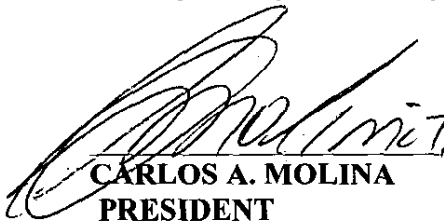
CR2E034B (12/02)

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 450.00 for the annual report fee with my application.

Since October 2000 we moved to 7225 NW 25 Street/Ste 101/Miami, Fl 33122 and we did not receive the U.B.R. for the years 2001, 2002 & 2003 or any other notice from the Division of Corporations in respect with the Corporation **MULTI-COMPUTER INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.

  
**CARLOS A. MOLINA**  
**PRESIDENT**