

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90044 045 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000050495

1. Entity Name
MULTIBILLING, INC.

Principal Place of Business
WESTLAND EXECUTIVE OFFICE PARK
1790 W 49 STREET, SUITE 118
HIALEAH FL 33012
US

Mailing Address
19411 N.W. 7TH ST.
PEMBROKE PINES FL 33029
US

2. Principal Place of Business
19411 NW 7 Street

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

City & State
Pembroke Pines, Florida

City & State
 Suite, Apt. #, etc.

Zip
33029

Country
USA

4. FEI Number **65-0606769**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, ANDRE
19411 N.W. 7TH ST.
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

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

City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	MARTINEZ, ELENA
STREET ADDRESS	19411 N.W. 7TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	V <input type="checkbox"/> Delete
NAME	MARTINEZ, ANDRE
STREET ADDRESS	19411 N.W. 7TH ST.
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	MARTIN, LORENZO
STREET ADDRESS	19411 NW 7 ST
CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **04-24-02** Daytime Phone # **(954) 433-1977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)