

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90380 031 ***150.00

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DOCUMENT # P96000020997

1. Entity Name

MULTILINK COMMUNICATIONS, INC.



Principal Place of Business

2359 BEVILLE ROAD
DAYTONA BEACH FL 32119
US

Mailing Address

2359 BEVILLE ROAD
DAYTONA BEACH FL 32119
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3372961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

10073070



6. Name and Address of Current Registered Agent

HOSSEINI-KARGAR, MORTEZA
2359 BEVILLE ROAD
DAYTONA BEACH FL 32119

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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: PSD
NAME: HOSSEINI-KARGAR, MORTEZA
STREET ADDRESS: 2359 BEVILLE ROAD
CITY-ST-ZIP: DAYTONA BEACH FL

☐ Delete

TITLE: VP
NAME: ROSS, DOUGLAS R. J
STREET ADDRESS: 2359 BEVILLE ROAD
CITY-ST-ZIP: DAYTONA BEACH FL

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Assistant Secretary
NAME: Thornton-Hill, Teresa
STREET ADDRESS: 2359 Beville Road
CITY-ST-ZIP: Daytona Beach, FL 32119

☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morteza Hosseini-Kargar
President

4-18-03

(386) 788-0820

Date

Daytime Phone #

CR2E034 (10/02)