

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007883

1. Entity Name

MULTIDYNE, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90147 016 ***150.00

Principal Place of Business

1912 S UNIVERSITY DR. STE 107
DAVIE FL 33324
US

Mailing Address

1912 S UNIVERSITY DR. STE 107
DAVIE FL 33324-5849
US

2. Principal Place of Business

3. Mailing Address

1912 S. University Dr.
Suite, Apt. #, etc.
PMB #107

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

Zip

Country

Zip

33324-5849

Country

USA

4. FEI Number

65-0806841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, RAYMOND O
4155 SW 67TH AVE, APT 201-B
DAVIE FL 33314

Name

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

1763 S.W. 109TH Terrace

City DAVIE

FL

Zip Code 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ROSE, RAYMOND O
4155 SW 67TH AVE, APT 201-B
DAVIE FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1763 S.W. 109TH Terrace
DAVIE, FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 as 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 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond O. Rose
Raymond O. Rose 4/19/2000

954-224-9056