

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

FILED
May 04, 2004 8:00 am
Secretary of State

DOCUMENT # **P98000007083**

1. Entity Name

MULTIDYME, INC.

05-04-2004 90195 035 ***150.00

DO NOT WRITE IN THIS SPACE

24068293

2. Principal Place of Business

141 S.E. 3rd Ave.

3. Mailing Address

141 S.E. 3rd Ave

Suite, Apt. #, etc.

APT #106

Suite, Apt. #, etc.

APT #106

City & State

Dania Beach, FL

City & State

Dania Beach, FL

4. FEI Number

65-0806841

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Raymond O. Rose

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

141 S.E. 3rd Ave., APT #106

City

Dania Beach

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P/S/O/T
Raymond O. Rose
141 S.E. 3rd Ave., Apt. #106
Dania Beach, FL 33004**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond O. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond O. Rose

Date

Daytime Phone #

4/29/04 954-854-1928

CR2E034B (12/01)