

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90074 017 \*\*\*150.00

DOCUMENT # P98000045226

1. Entity Name  
**MULTI-COMMERCIAL SERVICES CORPORATION**

Principal Place of Business <del>6350 NW 70 ST. MIAMI FL 33166</del>	Mailing Address <del>6350 NW 70 ST. MIAMI FL 33186-5419</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>12234 SW 128 Street</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>2</b>	Suite, Apt. #, etc.
City & State <b>Miami, FL</b>	City & State
Zip <b>33186</b>	Country <b>Miami-Dade</b>

4. FEI Number <b>65-0842489</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
~~SUAREZ MARIA G.  
6350 NW 70 ST.  
MIAMI FL 33166~~

7. Name and Address of New Registered Agent  
Name **RASCH, ENRIQUE D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12234 SW 128 ST**  
City **Miami** FL Zip Code **33186**

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]* **ADMIN OFFICER, ENRIQUE D. RASCH** DATE **05/11/2000**

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		<input type="checkbox"/> Delete
TITLE <b>P</b>	<del>SUAREZ MARIA G.</del> <b>12234 SW 128 ST.</b>	<input type="checkbox"/>
NAME	<del>6350 NW 70 ST.</del> <b>MIAMI FL 33186</b>	<input type="checkbox"/>
STREET ADDRESS	<b>33186</b>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <b>P</b>	<b>RASCH, ENRIQUE D.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	<b>12234 SW 128 Street</b>	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	<b>Miami, FL 33186</b>	<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information submitted 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 supplement of 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 like empowered.

SIGNATURE: *[Signature]* **ENRIQUE D. RASCH** / 04/14/00 Date **305-252-9363** Daytime Phone #