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FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90109 025 ***150.00

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Corporate Fillings
P.O. BOX 6327
Tallahassee, FL.
32314

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076205

1. Entity Name
MULTI SERVICE OFFICE CORP.

Principal Place of Business	Mailing Address
8952 N.W. 150TH TERRACE MIAMI LAKES, FL 33018 US	8952 N.W. 150TH TERRACE MIAMI LAKES, FL 33018 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8567 SW 24th Str	8567 SW 24th Str
Suite, Apt. #, etc.: #173	Suite, Apt. #, etc.: #173
City & State: miami, Fl	City & State: miami, Fl
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number 65-0862638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRAN, SONIA
8962 N.W. 150TH TERRACE
MIAMI LAKES, FL 33018

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 ______________________ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERRAN, SONIA		NAME	
STREET ADDRESS	8962 N.W. 150TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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] 04/27/03 305-495-2223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #