

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028342

1. Entity Name

SIGNAL MULTIPLE SERVICES CO.

P

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90096 033 \*\*\*150.00

Principal Place of Business

1450 NORTHEAST 191 STREET  
SUITE 203  
NORTH MIAMI FL 33179

Mailing Address

1450 NORTHEAST 191 STREET  
SUITE 203  
NORTH MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-0906247

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Manuel A. Diaz

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

1450 N.E. 191 St. Suite 203

City

North Miami,

FL

Zip Code

33179

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, NOHORA M	
STREET ADDRESS	1450 NORTHEAST 191 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, MANUEL A	
STREET ADDRESS	1450 NORTHEAST 191 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HIGUERA, MARTHA C	
STREET ADDRESS	1450 NORTHEAST 191 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other name empowered

SIGNATURE:

SIGNAL MULTIPLE SERVICES CO. **Manuel A. Diaz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/2000

(305) 226-4223