CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am Secretary of State P99000059140 **DOCUMENT #** 1. Entity Name 02-05-2002 90152 005 ***150.00 MULTITECH INFORMATION SYSTEMS, INC. Mailing Address Principal Place of Business 2400 WEST 84TH STREET #9 2400 WEST 84TH STREET #9 HIALEAH FL 33016 HIALEAH FL 33016 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0931025 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORJA-LEE R-Street Address (P.O. Box Number is Not Acceptable) 20032 NW 86 CT MIAMI FL 33015 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change Addition Borja Enrique E ☐ Delete TITLE NAME **BORJA, ENRIQUE E** NAME 3451 DW 128 AVENUE 20032 N.W. 86TH COURT STREET ADDRESS STREET ADDRESS miramar, Fl 33027 CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-ZIP ■ Addition ☐ Defete TITLE TITLE Bona, Lee R 34515W 128 Avenue NAME NAME BORJA, LEE R STREET ADDRESS STREET ADDRESS 20032 N.W. 86TH COURT m_{lkamar, Fl} 33027 CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33015** ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 antal 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 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 I hereby certify that the information indicated on this report or supplem

SIGNATURE:

of the corporation or the rec-changed, or on an attachme

all other like empowered