2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

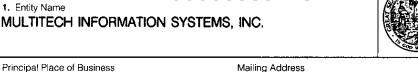
2400 WEST 84TH STREET #9



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90171 007 ***158.75

DOCUMENT #	P99000059140	
t. Entity Name		
MULTITECH INFORMAT	TION SYSTEMS, INC.	



2400 WEST 84TH STREET #9

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	1084

2. Principal F			3. Mai	ling Address	,	. Λ		ı			884II 88 II	k 88111 88 1	E1 01116 1610		1816 B816 1887
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & Stat			City	& State				4. FEI N	lumber	6E 002	100E			Ар	plied For
Miramar, FL 33027			<u> H</u>	Miramar, FL				4. FET NOMBER 65-0931025						No	t Applicable
Zip	,	Country Broward	Zip	, 7	Count	· 1		5. Certif	icate o	f Status De	sired	X	\$8.7 Fee Re		
	6. Name	and Address of Current		33027 Broward				7. Name and Address of New Registered Agent							
						Name	:12		.1		0 -		_		
BORJA, L	EE R	- * • - • • • • • • • • • • • • • • • • • • •					DOY	<u> </u>	\ L	ee_	<u> </u>		<u>.</u>		
20032 NW						Street A	ddress (P.	O. Box N	umber	is Not Acce	eptable;)			
MIAMI FL						120	<u></u>	51A		3 8	stro	, 1			
						City	iran	<u> </u>	4		71190	F	Zij	5 Code	
• The above											(Cl-				
	: named entit ti ons o { regist	y sybmits this statement for erest agent.	or the purp	ose of changing its	registere	а опісе ог	registered	a agent, c	or both,	in the Stat	e or Fio.	поа, га	m tamiliar	with, a	and accept
	(0)	W. //	_												
SIGNATURE .	p /	Jum	$\Delta \Delta$,			D.47F			
	Signature, typed	r printed name of registered agent	and We'll app	licable. (NOT	E: Registered	Agent signatu	re required wi	hen reinstatir	19) .			DATE	: 		
		! FEE IS \$150.00	•						a. Elect	tion Campa	alan Fin	ancina	1	\$5 A	0 May Be
		3 Fee will be \$550.00	4 04-4-							Fund Con					to Fees
	c Payable to	Florida Department o	i State		<u>=</u> =										
10.		OFFICERS AND	DIRECTO	RS	11.				ONS/C	HANGES T	O OFFI	CERS A	NO DIREC	CTORS	S IN 11
TITLE	PTD			☐ Delete	TITLE		P	70		<u> </u>	201/1	~	∑ Ch	ange	☐ Addition
NAME	BORJA, EI				NAME		Er	7r19!	ue	E, 7 235t	ر اس) U			
STREET ADDRESS		128 AVENUE				T ADDRESS	129	58 5	·w	23 ST	ver	T			
CITY-ST-ZIP	MIRAMAR	FL 3302/			CITY-	ST-ZIP	m	man	10.1	FL	<u>33</u>	<u>027</u>	<u>'</u>		
TITLE	VP			☐ Delete	TITLE		V	ፖ	_	•			⊄ ch	ange	☐ Addition
NAME	BORJA, LE				NAME		Let	e Ki	Bor,	54	L	D			
STREET ADDRESS	3451 SW				1	ET ADDRESS	129	58	らい	54 235	Trei	J			
CITY-ST-ZIP	HOLLYWO	OD FL 33027			CITY-	ST-ZIP	MI	rame	ar,	すし き	330	<u> 27</u>			
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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 trostee 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 an other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Addition