

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069720

1. Entity Name
MULTI-BIZ AE INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90046 007 ***150.00

Principal Place of Business
~~10900 S.W. 196TH STREET #327~~
~~MIAMI FL 33157~~

Mailing Address
~~10900 S.W. 196TH STREET #327~~
~~MIAMI FL 33157~~



2. Principal Place of Business
1170 CORAL CLUB DRIVE

3. Mailing Address
1170 CORAL CLUB DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FLORIDA

City & State
CORAL SPRINGS FLORIDA

4. FEI Number 65-0943374

Applied For
Not Applicable

Zip 33071

Country USA

Zip 33071

Country USA

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

6. Name and Address of Current Registered Agent

FUNGLOY, LIONEL

~~10900 S.W. 196TH STREET #327~~ ~~1170 CORAL CLUB DRIVE~~
~~MIAMI FL 33157~~ CORAL SPRINGS FL 33071

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.

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 \$150.00
After May 1, 2002 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

TITLE D
NAME FUNGLOY, LIONEL ☒ Delete
STREET ADDRESS 10900 S.W. 196TH STREET #327
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME FUNGLOY, LIONEL ☐ Delete
STREET ADDRESS CORAL CLUB DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 (786) 226-4628
Date Daytime Phone #

CR2E034 (9/01)