

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000068395

**Entity Name:** MULTIPLEX NETWORK INC.

**Current Principal Place of Business:**

6323 MAGNOLIA TRAILS LN  
GIBSONTON, FL 33534

**Current Mailing Address:**

6323 MAGNOLIA TRAILS LN  
GIBSONTON, FL 33534 US

**FEI Number: 84-3068179**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FLOREA, ANDREI  
6323 MAGNOLIA TRAILS LN  
GIBSONTON, FL 33534 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FLOREA, ANDREI  
Address 6323 MAGNOLIA TRAILS LN  
City-State-Zip: GIBSONTON FL 33534

Title VP  
Name GONTARIU, ALEXANDRU D  
Address 6323 MAGNOLIA TRAILS LN  
City-State-Zip: GIBSONTON FL 33534

Title M  
Name NIVNEA, ANDREI  
Address 6323 MAGNOLIA TRAILS LN  
City-State-Zip: GIBSONTON FL 33534

Title O  
Name SCORPAN, CORNELIU  
Address 6323 MAGNOLIA TRAILS LN  
City-State-Zip: GIBSONTON FL 33534

Title O  
Name PASCULEA, MARIUS V  
Address 6323 MAGNOLIA TRAILS LN  
City-State-Zip: GIBSONTON FL 33534

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDREI FLOREA**

**P**

**03/23/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date