

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003308

1. Entity Name
MULTIPLE L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131-2619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9010 S.W. 137th Ave
Suite, Apt. #, etc. 113

3. Mailing Address
9010 S.W. 137th Ave
Suite, Apt. #, etc. 113

City & State
MIAMI, FL., 33186
Zip Country

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MIAMI, FL., 33186
Zip Country

4. FEI Number
65-0926084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, MARCO E ESQ
C/O FREEMAN, BUTTERMAN, HABER & ROJAS, LLP
520 BRICKELL KEY DRIVE, SUITE 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
GERMAN PENA

Street Address (P.O. Box Number is Not Acceptable)
9010 S.W. 137 Ave Ste 113

City Miami FL Zip Code 33186

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 GERMAN PENA 8/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	OLARTE, MAURICIO	520 BRICKELL KEY DRIVE, SUITE 0-305	MIAMI FL 33131	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		900003380169--8	-09/01/00--01053--008	<input type="checkbox"/>	<input type="checkbox"/>
		*****50.00	*****50.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MAURICIO OLARTE MAURICIO OLARTE 8/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)