

2001 UNIFORM BUSINESS REPORT (UBR)

0202231

DOCUMENT # P0000091103

FILED

1. Entity Name
MULTIEMPRESAS, CORPORATION

01 FEB -7 PM 3:39

Principal Place of Business Mailing Address
~~1731 N.E. 163RD STREET~~ ~~1731 N.E. 163RD STREET~~
~~NORTH MIAMI BEACH FL 33162~~ ~~NORTH MIAMI BEACH FL 33162~~

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4834 N. W. 167th. Street **4834 N. W. 167th. Street.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite # 101 **Suite # 101**

City & State City & State
MIAMI LAKES, FLORIDA **MIAMI LAKES, FLORIDA**

4. FEI Number Applied For
65-1051264 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33014 **USA** **33014** **USA** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BUENDIA, ALVARO
600 BILTMORE WAY
SUITE 205
CORAL GABLES FL 33134

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 _____ (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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRALDO, ALVARO 1731 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4834 N. W. 167th. Street, Suite # 101, MIAMI LAKES, FLORIDA 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GIRALDO, ALBERTO 1731 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4834 N. W. 167th. Street, Suite # 101, MIAMI LAKES, FLORIDA 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD GIRALDO, JUAN B 1731 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4834 N. W. 167th. Street, Suite # 101, MIAMI LAKES, FLORIDA 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIRALDO, CAMILO 1731 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4834 N. W. 167th. Street, Suite # 101, MIAMI, LAKES, FLORIDA 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003709135-7 -02/19/01--01030--006 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Alvaro Giraldo (605) 675-2550.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2/2/01** Daytime Phone #

CR2E034 (10/00)