

# 2001 UNIFORM BUSINESS REPORT (UBR)

0202231

DOCUMENT # P00000091103

1. Entity Name

**MULTIEMPRESAS, CORPORATION**

FILED

01 FEB -7 PM 3:39

Principal Place of Business

Mailing Address

~~1731 N.E. 163RD STREET~~  
~~NORTH MIAMI BEACH FL 33162~~

~~1731 N.E. 163RD STREET~~  
~~NORTH MIAMI BEACH FL 33162~~

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4834 N. W. 167th. Street**

3. Mailing Address

**4834 N. W. 167th. Street.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite # 101**

**Suite # 101**

City & State

**MIAMI LAKES, FLORIDA**

City & State

**MIAMI LAKES, FLORIDA**

4. FEI Number

**65-1051264**

Applied For

Not Applicable

Zip

**33014**

Country

**USA**

Zip

**33014**

Country

**USA**

5. Certificate of Status Desired ☐

**\$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

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, 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

TITLE ☐ Delete  
NAME **PD GIRALDO, ALVARO**  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP ~~NORTH MIAMI BEACH FL 33162~~

TITLE ☐ Delete  
NAME **PSD GIRALDO, ALBERTO**  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP ~~NORTH MIAMI BEACH FL 33162~~

TITLE ☐ Delete  
NAME **EVD GIRALDO, JUAN B**  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP ~~NORTH MIAMI BEACH FL 33162~~

TITLE ☐ Delete  
NAME **TD GIRALDO, CAMILO**  
STREET ADDRESS ~~1731 N.E. 163RD STREET~~  
CITY-ST-ZIP ~~NORTH MIAMI BEACH FL 33162~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4834 N. W. 167th. Street, Suite # 101,**  
CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33014**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4834 N. W. 167th. Street, Suite # 101,**  
CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33014**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4834 N. W. 167th. Street, Suite # 101,**  
CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33014**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4834 N. W. 167th. Street, Suite # 101,**  
CITY-ST-ZIP **MIAMI LAKES, FLORIDA 33014**

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

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alvaro Giraldo* (305) 675-2550

Date 2/2/01

Daytime Phone #

CR2E034 (10/00)