

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90693 017 ***150.00

DOCUMENT # P00000091103

1. Entity Name

Multitempresas Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4834 NW 167th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

miami lakes, FL

City & State

4. FEI Number

65-1051264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33014

Country

U.S.A.

Zip

Country

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Buendia, Alvaro

Street Address (P.O. Box Number is Not Acceptable)

600 Biltmore Way

Suite 205

City

Coral Gables

FL

Zip Code

33134

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 registrational 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Giraldo, Alvaro
STREET ADDRESS 4834 NW 167th Street #101
CITY-ST-ZIP miami lakes, FL 33014

TITLE PSD
NAME Giraldo Alberto
STREET ADDRESS 4834 NW 167th Street #101
CITY-ST-ZIP miami lakes, FL 33014

TITLE EVD
NAME Giraldo Juan B.
STREET ADDRESS 4834 NW 167th Street #101
CITY-ST-ZIP miami lakes, FL 33014

TITLE TD
NAME Giraldo Camilo
STREET ADDRESS 4834 NW 167th Street #101
CITY-ST-ZIP miami lakes, FL 33014

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IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan B. Giraldo

5/9/2002

Date

Daytime Phone #

(305)

625-2550

CR2E034B (12/01)