

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90381 043 ***150.00

029247 AV

DOCUMENT # P00000100714

1. Entity Name
MULTINATIONAL RISK MANAGEMENT, INC.

Principal Place of Business
13800 TAMiami TRAIL
SUITE 312
MIAMI FL 33184

Mailing Address
13800 TAMiami TRAIL
SUITE 312
MIAMI FL 33184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13370 SW 131st.
Suite, Apt. #, etc.
104

3. Mailing Address
200 SW 124 Ave
Suite, Apt. #, etc.
104

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-1050610**

Applied For
Not Applicable

Zip **33184** **Country** **USA**

Zip **33184** **Country** **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **Maria Gonzalez**
Street Address (P.O. Box Number is Not Acceptable)
200 SW 124 Ave
City **Miami** **FL** **Zip Code** **33184**

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 *Maria Gonzalez* **1-16-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARIA	
STREET ADDRESS	13800 TAMiami TRAIL SUITE 312	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	REY, ELIZABETH G	
STREET ADDRESS	13800 TAMiami TRAIL SUITE 312	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 SW 124 Ave	
CITY-ST-ZIP	Miami FL 33184	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lazaro Gonzalez	
STREET ADDRESS	200 SW 124 Ave	
CITY-ST-ZIP	Miami FL 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Gonzalez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02 **969-7125**
 Date Daytime Phone #

CR2E034 (9/01)