FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90818 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000021769**

1. Entity Name

MULTIPLE DOOR CORPORATION

GONZALEZ, ALEXIS
9870 BELGRADE RD
MIAMI, FL 33157

GONZALEZ, ALEXIS
9870 BELGRADE RD.
MIAMI, FL 33157

2. Principal Place of Business		3. Mailing Address	
9870 BELGRADE RD.		9870 BELGRADE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33157	Country: US	Zip: 33157	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1078420 ☐ Applied Fo ☐ Not Applic

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

7. Name and Address of Current Registered Agent
Name GONZALEZ, ALEXIS
Street Address (P.O. Box Number is Not Acceptable)
9870 BELGRADE RD.
City MIAMI FL Zip Code 3315

GONZALEZ, ALEXIS
9870 BELGRADE RD.
MIAMI, FL 33157

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 x [signature] x 4/28/03
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) ☐

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	PRES.	TITLE	
NAME	GONZALEZ, ALEXIS	NAME	
STREET ADDRESS	9870 BELGRADE RD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	OLIVA, ROSA	NAME	
STREET ADDRESS	11500 S.W. 184TH ST.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 informa 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 dire 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 attachment with an address, with all other like empowered.

SIGNATURE: x [signature] Alexis Gonzalez x 4/28/03 or x (305) 345-4601 (305) 233-883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #