

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90355 046 \*\*\*150.00

**DOCUMENT #** P01000028075 ✓  
**1. Entity Name**  
Multilagos Import & Export Corp

**DO NOT WRITE IN THIS SPACE**

**80054155**

**2. Principal Place of Business**  
1613 SW 67 Avenue  
Suite, Apt. #, etc.

**3. Mailing Address**  
1613 SW 67 Avenue  
Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

**City & State**  
Miami, Florida  
**Zip** 33155 **Country** US

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Miami, Florida  
**Zip** 33155 **Country** US

**4. FEI Number** 65-1093291 **Applied For**  
☐ **Not Applicable**

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** Julio Pedrosa

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

10710 SW 67 ter.

**City** Miami

**FL**

**Zip Code** 33155

**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 of 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** President  
**NAME** Julio Pedrosa  
**STREET ADDRESS** 10710 SW 67th  
**CITY-ST-ZIP** Miami, Florida 33173

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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 empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/02

Date

305 266-8990

Daytime Phone #

CR2E034B (12/01)