

2004 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90172 038 \*\*\*150.00

DOCUMENT # P01000079606

1. Entity Name

MULTI SERVICES SUNSHINE CORP.



**DO NOT WRITE IN THIS SPACE**

14020513

2. Principal Place of Business

3. Mailing Address

8849 NW 119 St.

8849 NW 119 St.

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

DO NOT WRITE IN THIS SPACE

City & State

City & State

HIALEAH GARDENS, FL

HIALEAH GARDENS, FL

4. FEI Number

65-1137585

Applied For

Not Applicable

Zip

33018

Country

US

Zip

33018

Country

US

5. Certificate of Status Desired

☐

**\$8.75** Additional

Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HECTOR M. SERNA

Street Address (P.O. Box Numbers Not Acceptable)

4752 E. 9 CT.

City

HIALEAH

FL

Zip Code

33013

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X HECTOR M. SERNA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00** May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
LESMES, RAFAEL  
8849 NW 119 ST. #101  
HIALEAH GARDENS, FL 33018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL LESMES, PRES.

Date

4/26/04 (786) 423-5794

Daytime Phone #

CR2E034B (12/02)