

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91046 031 ***158.75

DOCUMENT # P02000082280

1. Entity Name
MULTI SOURCES USA INC.



Principal Place of Business
**2301 SW 129TH AVE.
MIRAMAR FL 33027
US**

Mailing Address
**2301 SW 129TH AVE.
MIRAMAR FL 33027
US**

2. Principal Place of Business
1228 NW 89th DR

3. Mailing Address
1228 NW 89th DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
81-0562843

☒ Applied For
☐ Not Applicable

Zip
33071

Country
USA

Zip
33071

Country
USA

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

6. Name and Address of Current Registered Agent

**SALVA, ALFREDO
2301 SW 129TH AVE.
MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

Name **SALVA, ALFREDO**

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

1228 NW 89th DR.

City **CORAL SPRINGS** **FL** Zip Code **33071**

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 *Alfredo Salva*

03 April 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MANCAO, CEZAR II**
STREET ADDRESS **2301 SW 129TH AVE.**
CITY-ST-ZIP **MIRAMAR FL 33027**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MANCAO, CEZAR II**
STREET ADDRESS **1228 NW 89th DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL. 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANCAO II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 2003 9547520577

Date Daytime Phone #

CR2E034 (10/02)