

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILE 05-01-2003 90520 001
05-01-2003 90520 002 ***158.00

01/75/88 AV

DOCUMENT # P02000112083

1. Entity Name
MULTI SERVICES USA, INC.



03 OCT 21 PM 1:35 P02000112083
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14006 SW 281ST TERR.
HOMESTEAD FL 33033

Mailing Address
14006 SW 281ST TERR.
HOMESTEAD FL 33033



REINSTATEMENT 03
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

DIAZ, NELSON I
3501 SW. 107TH AV
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PTD SANTILLAN, FERNANDO L 14006 SW 281ST TERR. HOMESTEAD FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDD JAUREGUI, IVAN 14006 SW 281ST TERR. HOMESTEAD FL 33033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

[Handwritten signature]

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0426-03 (30) 5547724
Date Daytime Phone #

CR2E034 (10/02)

MULTI SERVICES USA, INC.

3501 SW 107 Ave
Miami, Fl. 33165

Phone: (305) 554-7724
Fax : (305) 554-7798

D

Miami, October 15, 2 003

Department of State
Division of Corporations
Tallahassee, Florida

RE: Document # P0200011083
Multi Services USA, Inc.

P02-112083

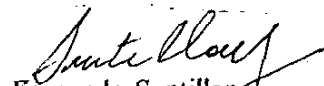
Dear Sir or Madam :

I received a Certificate of Administrative Dissolution or Revocation of the above referenced corporation despite the fact I had paid the fee on time with a Money Order of \$158.00 and a Check for \$ 0.75, in order to complete the correct amount, as you can see in the attached copy of that check.

Please check my records and correct this mistake.

Thank you for your prompt attention.

Sincerely yours


Fernando Santillan
President.