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

DOCUMENT # **002000127703**

1. Entity Name

FAMILY MULTI-SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 21 AM 8:00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

03

MRS

2. Principal Place of Business

925 PALM AVENUE

3. Mailing Address

925 PALM AVENUE

State, Apt. #, etc.

State, Apt. #, etc.

City & State

HIACLEAH, FL.

City & State

HIACLEAH, FL.

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

06-1663505

Applied For

File Number

5. Certificate of Status Cleared

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAENZ GOMEZ, GUSTAVO A

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

925 PALM AVENUE

City

HIACLEAH

FL

Zip

33010

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IN THIS SPACE**

8. The undersigned hereby certifies that the information furnished on this report is true and accurate, and that the undersigned is a duly authorized officer or director of the corporation, or a registered agent, or both, in the State of Florida. I am familiar with, and I accept the obligation of, registered agent.

SIGNATURE

[Signature]

+

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 Funds Contributions

☐

\$5.00-May 31
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIL, CAMILO S
STREET ADDRESS	2165 PASOVERDE LAPE
CITY-STATE-ZIP	WESTON, FL. 33327
TITLE	VD
NAME	SAENZ GOMEZ, GUSTAVO A
STREET ADDRESS	925 PALM AVENUE
CITY-STATE-ZIP	HIACLEAH, FL. 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 1.007(3)(b), Florida Statutes. I further certify that the information is dictated 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 extension with an address, with all other like empowered.

SIGNATURE:

[Signature]

11/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

CH200345 (12-03)

PLEASE NOTE THAT PAYMENT OF 282
~~LIB-25 HAS ALREADY BEEN SENT~~

Family Multi-Services, Inc.
925 Palm Avenue
Hialeah, Fl. 33010
Tel. 305-805-4968

September 25, 2003

TAXPAYER COPY

Divisions of Corporation
Uniforms Business Report Fillings
P O Box 1500
Tallahassee, Fl. 32302-1500

Re: Document no. P02000127703 / dissolution of corporation

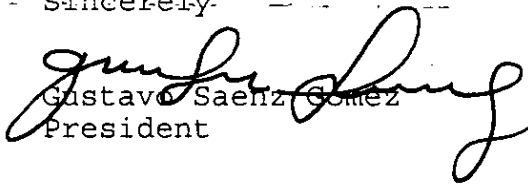
Please be advised that administrative dissolution have been filed against Family Multi-Services, Inc. with document number stated above.

Kindly abate the reinstatement fees of \$600.00 dollars, since we never received the Uniform Business Report document to be file at your office, neither we received administrative dissolution correspondences. Otherwise, immediate action would have been taken to resolve such painful situation. However, we were inform by our financial advisor on this dissolution matter.

It would never be our intention, neither interest to omit or disregard any of our federal or State compliances and or regulations.

If the need for additional information may arise, please do not pause in contacting us.

Sincerely,


Gustavo Saenz Gomez
President