

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90003 019 ***150.00

DOCUMENT # P93000028295

1. Entity Name

MULTI/MEDIA RESOURCES, INC.

Principal Place of Business

5772 S.W. 74TH TERR
 MIAMI FL 33143

Mailing Address

5772 S.W. 74TH TERR
 MIAMI FL 33143-5338

909132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6511 SANTONA ST

3. Mailing Address

6511 SANTONA ST.

Suite, Apt. #, etc.

17

Suite, Apt. #, etc.

17

City & State

Conal Gables FL

City & State

Conal Gables FL

4. FEI Number

65-0406380

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JARAMILLO, DARIO L
5772 S.W. 74TH TERR
MIAMI FL 33143

Name

DARIO L. JARAMILLO

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

6511 SANTONA ST.

17

City

Conal Gables

FL

Zip Code

33146

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DARIO L. JARAMILLO (P.S.T.)

1/23/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Delete
 NAME **JARAMILLO, DARIO L**
 STREET ADDRESS **5772 S.W. 74TH TERR**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **PST** ☒ Change ☐ Addition
 NAME **Jaramillo, DARIO L.**
 STREET ADDRESS **6511 SANTONA ST. #17**
 CITY-ST-ZIP **Conal Gables FL 33146**

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARIO L. JARAMILLO

1/23/00 (305) 790 9254

Date

Daytime Phone #