

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90015 038 ***150.00

0204109 AV

DOCUMENT # P95000030932

1. Entity Name
MULTIVALORES, INC.

Principal Place of Business
701 BRICKELL AVENUE
SUITE 1550
MIAMI FL 33131

Mailing Address
701 BRICKELL AVENUE
SUITE 1550
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

c/o 701 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1550

City & State

City & State

MIAMI - Florida

Zip

Country

Zip

Country

33131

U.S.A.

4. FEI Number

65-0781546

Applied For

Not Applicable

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

KENNEY, JUDITH
777 BRICKELL AVE
SUITE 1070
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **RASKOSKY HOLMANN, SERGIO A**
 CITY-ST-ZIP **701 BRICKELL AVENUE, SUITE 1550**
MIAMI FL 33131

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ORTIZ, ALBINO ROMAN**
 CITY-ST-ZIP **701 BRICKELL AVENUE, SUITE 1550**
MIAMI FL 33131

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PARKER-SOTO, FEDERICO**
 CITY-ST-ZIP **701 BRICKELL AVENUE, SUITE 1550**
MIAMI FL 33131

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOSE JORGE, CASTILLO APARI**
 CITY-ST-ZIP **701 BRICKELL AVENUE, SUITE 1550**
MIAMI FL 33131

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

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **GALLEGOS, IVAN X**
 CITY-ST-ZIP **701 BRICKELL AVE. SUITE 1550**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Authorized Signature

TITLE ☐ Delete
 NAME **AS**
 STREET ADDRESS **SEVILLA-SACASA, MARCELA**
 CITY-ST-ZIP **701 BRICKELL AVE, STE 1550**
MIAMI FL 33131

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Authorized Signature

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN X. Gallegos **02/13/2002** **372-8270**

Date

Daytime Phone #

CR2E034 (9/01)