

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90175 035 \*\*\*150.00

**DOCUMENT # P95000030932**

1. Entity Name  
**MULTIVALORES, INC.**



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

Mailing Address  
**C/O 701BRICKELL AVE  
SUITE 1550  
MIAMI FL 33131**



2. Principal Place of Business  
**Multivalores, Inc.**

3. Mailing Address  
**Multivalores, Inc.**

Suite, Apt. #, etc.  
**856 S. Vermont Ave, "A"**

Suite, Apt. #, etc.  
**856 S. Vermont Ave, "A"**

City & State  
**Los Angeles CA**

City & State  
**Los Angeles CA**

Zip  
**90005**

Country  
**USA**

Zip  
**90005**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

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**

**KENNEY, JUDITH  
777 BRICKELL AVE  
SUITE 1070  
MIAMI FL 33131**

**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 \_\_\_\_\_  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RASKOSKY HOLMANN, SERGIO A</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE, SUITE 1550</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ORTIZ, ALBINO ROMAN</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE, SUITE 1550</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER-SOTO, FEDERICO</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE, SUITE 1550</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOSE JORGE, CASTILLO APARI</b>	
STREET ADDRESS	<b>701 BRICKELL AVENUE, SUITE 1550</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>GALLEGOS, IVAN X</b>	
STREET ADDRESS	<b>701 BRICKELL AVE. SUITE 1550</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>SEVILLA-SACASA, MARCELA</b>	
STREET ADDRESS	<b>701 BRICKELL AVE, STE 1550</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Edmundo Enrique Orellana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05/01/03 (213) 427-8950*  
Date Daytime Phone #

CP2E034 (10/02)