1OF2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069543

Entity Name

Multibuyers, Inc.

Principal Place of Business / Mailing Address

745 SW. 86 Street Suite #D 214

MIAMI, FL 33143

FILED
00 AUG 24 AM 8:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc. SAME		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Paula A. Vega
9364 SW. 171 TER.
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ____________ DATE

(NOTE: Registered Agent signature required when reinstating)

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
☐ Delete TITLE: PRESIDENT NAME: PAULA A VEGA STREET ADDRESS: 9364 SW. 171 TER CITY-ST-ZIP: MIAMI, FL 33157	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: Paula A Vega 8.17.00 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

Division of Corporations
P.O. BOX 6327
Tallahasse, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **MULTIBUYERS, INC .** Thank you for your courtesy in this matter.

Paula A Vega

PAULA A VEGA
President