

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056273

1. Entity Name
MULTIPLE INGREDIENTS AND MUCH IMAGINATION, INC.

Principal Place of Business
8362 NW 68TH ST
MIAMI FL 33166

Mailing Address
8362 NW 68TH ST
MIAMI FL 33166

2. Principal Place of Business
13240 S.W. 135 AVE
Suite, Apt. #, etc.

3. Mailing Address
13240 S.W. 135 AVE.
Suite, Apt. #, etc.

City & State
MIAMI, FL.
Zip
33186
Country
MIAMI-DADE

City & State
MIAMI, FL.
Zip
33186
Country
MIAMI-DADE

4. FEI Number 65-0850495
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LINARES, JULIAN
801 BRICKELL BAY DR
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
LINARES JULIAN
Street Address (P.O. Box Number is Not Acceptable)
420 LINCOLN ROAD #506
MIAMI BEACH, FL.
City
FL
Zip Code
33139

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS VIRGILI, FERERICO 2901 DAY AVE COCONUT GROVE FL 33133 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT MARTINEZ, JOSE M 466 SW 22ND RD MIAMI FL 33129 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	LINARES, JULIAN D/P/S 420 LINCOLN ROAD #506 MIAMI, FL. 33139 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Julian Linares Date: Apr. 29.01 Daytime Phone #: 7862429728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90169 019 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)