

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90713 036 ***150.00

DOCUMENT # *P980-00056223*

1. Entity Name

MULTIPLE INGREDIENTS AND MUCH IMAGINATION, INC.

DO NOT WRITE IN THIS SPACE

80106015

2. Principal Place of Business
10250 S.W. 56TH ST.

3. Mailing Address
10250 S.W. 56TH STREET

Suite, Apt. #, etc.
C-102

Suite, Apt. #, etc.
C-102

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33165

Country
USA

Zip
33165

Country
USA

4. FEI Number
65-0850495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name
LUIS I DE-CASTRO

Street Address (P.O. Box Number is Not Acceptable)
10250 S.W. 56TH STREET

SUITE C-102

City
MIAMI

FL

Zip Code
33165

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LINARES, JULIAN
10250 S.W. 56TH STREET C-102
MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
IGLESIAS, MARCIA
10250 S.W. 56TH STREET C-102
MIAMI, FL. 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DTVP
JOSE M MARTINEZ
10250 S.W. 56TH STREET C-102
MIAMI, FL. 33165

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03 305-273-7555

Date

Daytime Phone #