

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000008924****1. Entity Name**  
MULTIVENDAS, INC.

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>1060 BRIAR RIDGE ROAD<br><br>WESTON FL 33327 | <b>Mailing Address</b><br>1060 BRIAR RIDGE ROAD<br><br>WESTON FL 33327 |
|--|--|

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>233 MALLORY COURT<br><br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>233 MALLORY COURT<br><br>Suite, Apt. #, etc. |
|---|---|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>City &amp; State</b><br>WESTON FL | <b>City &amp; State</b><br>WESTON FL |
| <b>Zip</b><br>33326                  | <b>Country</b><br>US                 |

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>65-0891142 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**ARINCI FRANCISCO A  
1060 BRIAR RIDGE ROAD  
  
WESTON FL 33327  
US**7. Name and Address of New Registered Agent**Name  
ARINCI MARIA R  
Street Address (P.O. Box Number is Not Acceptable)  
1060 BRIAR RIDGE ROAD  
  
City  
WESTON FL Zip Code  
33327**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 MARIA R. ARINCI**

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

(NOTE: Registered Agent signature required when reinstating)

**09/11/2000**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

|   |                                 |
|---|---------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

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

|   |   |  |
|---|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES</b><br>ARINCI MARIA RPRESIDE<br>1060 BRIAR RIDGE RD.<br>WESTON FL 33327 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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:** Maria R. Arinci**Pres:** 09/11/2000