

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000022543**

1. Entity Name  
**MULTIFACETED FINANCIAL SERVICES, INC.**

**FILED**

01 JUL 30 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**291 NORTHWEST 177TH STREET  
UNIT 217  
MIAMI FL 33169**

Mailing Address  
**291 NORTHWEST 177TH STREET  
UNIT 217  
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0903675**

Applied For  
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

Name  
**SPIEGEL & UTRERA, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1840 Southwest 22 Street  
4th Floor**  
City **Miami** FL Zip Code **33145**

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.

**SPIEGEL & UTRERA, P.A.**

SIGNATURE By:

*Natalia Utrera*  
Signature typed or printed name of registered agent and title if applicable.  
**Natalia Utrera, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BAPTISTE, JOHN P  
291 NORTHWEST 177TH STREET  
MIAMI FL 33169** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LS** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**700004526497--8  
-08/09/01--01019--006  
\*\*\*\*150.00 \*\*\*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2001

Date

Daytime Phone #

CR2E034 (5/01)

2062

7/10/01

TO WHOM IT MAY CONCERN:

I JOHN P BAPTISTE PRESIDENT & DIRECTOR OF MULTIFACETED  
FINANCIAL SERVICES RECEIVED ON 7/6/01 A FINAL NOTICE FOR  
2001 UNIFORM BUSINESS REPORT, BUT DID NOT RECEIVE THE INITIAL  
2001 NOTICE. ON 7/10/01 I CALLED YOUR DEPT AT 1-850-488-9000  
AND WAS INSTRUCTED TO SEND REPORT WITH INITIAL DUE DATE  
FILING FEE OF \$150.00 ALONG WITH LETTER OF EXPLANATION, SO  
AS INSTRUCTED HERE IT IS.

THANK YOU KINDLY

JOHN P BAPTISTE

*J Baptiste*