

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067457

1. Entity Name

MULTINEGOCIOS INTERNATIONAL, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90003 029 \*\*\*150.00

Principal Place of Business

9200 S DADELAND BLVD., SUITE 603  
MIAMI FL 33156

Mailing Address

9200 S DADELAND BLVD., SUITE 603  
MIAMI FL 33156-2714

2. Principal Place of Business

3900 NW 79 Ave.

Suite Apt. # 648

City & State  
Miami, FL

Zip  
33166

Country  
Miami-Dade

3. Mailing Address

3900 NW 79 Ave.

Suite Apt. #, etc.  
Suite 648

City & State  
Miami, FL

Zip  
33166

Country  
Miami-Dade

4. FEI Number

65-0937360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ  
9200 S DADELAND BLVD., SUITE 603  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>GONZALEZ, NORELLA NOVOA<br>9200 S DADELAND BLVD., SUITE 603<br>MIAMI FL 33156 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DE NOVOA, MERCEDES<br>9200 S DADELAND BLVD., SUITE 603<br>MIAMI FL 33156       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GONZALEZ, MELBA NOVOA<br>9200 S DADELAND BLVD., SUITE 603<br>MIAMI FL 33156    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GONZALEZ, GIOVANNI NOVOA<br>9200 S DADELAND BLVD., SUITE 603<br>MIAMI FL 33156 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

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

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3900 NW 79 Ave, Suite 648<br>Miami, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3900 NW 79 Ave, Suite 648<br>Miami, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3900 NW 79 Ave, Suite 648<br>Miami, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3900 NW 79 Ave, Suite 648<br>Miami, FL 33166 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<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:

Norella Novoa Gonzalez (Pres)

4-12-00

(786) 331-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #