

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90635 006 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000067457

**1. Entity Name**  
MULTINEGOCIOS INTERNATIONAL INC

**Principal Place of Business**  
3900 NW 79 Ave  
Suite 648  
Miami, FL  
33166

**Mailing Address**  
3900 NW 79 Ave  
Suite 648  
Miami, FL  
33166

**2. Principal Place of Business**  
2187 NW 139 Avenue

**3. Mailing Address**  
2187 NW 139 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Pembroke Pines, FL

**City & State**  
Pembroke Pines, FL

**4. FEI Number**  
65-0937360

**Applied For**  
☐ Not Applicable

**Zip**  
33028

**Country**  
Broward

**Zip**  
33028

**Country**  
Broward

**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, 2001, Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00**  
Trust Fund Contribution. May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

| TITLE | NAME                     | STREET ADDRESS            | CITY - ST - ZIP | Delete                   |
|-------|--------------------------|---------------------------|-----------------|--------------------------|
| DP    | Gonzalez, Norella Novoa  | 3900 NW 79 Ave, Suite 648 | Miami, FL 33166 | <input type="checkbox"/> |
| V     | De Novoa, Mercedes       | 3900 NW 79 Ave, Suite 648 | Miami, FL 33166 | <input type="checkbox"/> |
| S     | Gonzalez, Melba Novoa    | 3900 NW 79 Ave, Suite 648 | Miami, FL 33166 | <input type="checkbox"/> |
| T     | Gonzalez, Giovanni Novoa | 3900 NW 79 Ave, Suite 648 | Miami, FL 33166 | <input type="checkbox"/> |
|       |                          |                           |                 | <input type="checkbox"/> |
|       |                          |                           |                 | <input type="checkbox"/> |

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

| TITLE | NAME            | STREET ADDRESS     | CITY - ST - ZIP          | Change                              | Addition                            |
|-------|-----------------|--------------------|--------------------------|-------------------------------------|-------------------------------------|
| P     | Novoa, Norella  | 2187 NW 139 Avenue | Pembroke Pines, FL 33028 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| S     | Novoa, Mercedes | 2187 NW 139 Avenue | Pembroke Pines, FL 33028 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| V     | Novoa, Melba    | 2187 NW 139 Avenue | Pembroke Pines, FL 33028 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| T     | Novoa, Giovanni | 2187 NW 139 Avenue | Pembroke Pines, FL 33028 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D     | Novoa, Yesid    | 2187 nw 139 Avenue | Pembroke Pines, FL 33028 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |                 |                    |                          | <input type="checkbox"/>            | <input type="checkbox"/>            |

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norella Novoa, Pres.

4/27/2001

954-437-4711

Date

Daytime Phone #

CR2E034 (9/99)