

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90154 038 ***158.75

DOCUMENT # P99000067457

1. Entity Name
MULTINEGOCIOS INTERNATIONAL, INC.



Principal Place of Business
2187 NW 139 AVE
PEMBROKE PINES FL 33028

Mailing Address
2187 NW 139 AVE
PEMBROKE PINES FL 33028



2. Principal Place of Business

12515 Orange Drive
Suite, Apt. #, etc.
806

City & State
Davie, Florida

Zip
33330

Country
U.S.A.

3. Mailing Address

12515 Orange Drive
Suite, Apt. #, etc.
806

City & State
Davie, Florida

Zip
33330

Country
U.S.A.

☐ CHECK HERE IF MAKING CHANGES

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

Name

Melba M. Novoa

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

2187 NW 139 Avenue

Pembroke Pines

City

FL

Zip Code

33028

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

04-03-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NOVOA, NORELLA	
STREET ADDRESS	2187 NW 139 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOVOA, MERCEDES	
STREET ADDRESS	2187 NW 139 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	V	<input type="checkbox"/> Delete
NAME	NOVOA, MELBA	
STREET ADDRESS	2187 NW 139 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOVOA, YESID	
STREET ADDRESS	2187 NW 139 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-03-03

Date

954-433-4711

Daytime Phone #

CR2E034 (10/02)