

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

0228207 AV

**DOCUMENT # P99000097323**

1. Entity Name

**MULTICOSAS IMPORT CORPORATION**

04-07-2002 90060 014 \*\*\*150.00

Principal Place of Business

**5750 COLLINS AVENUE #8H 15H**  
**MIAMI BEACH FL 33140**

Mailing Address

**5750 COLLINS AVENUE #8H 15H**  
**MIAMI BEACH FL 33140**



2. Principal Place of Business

**5750 COLLINS AVENUE 15H**

3. Mailing Address

**MIAMI BEACH FL 33140**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1084420**

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

**GIRAUD, JESUS E**

**5750 COLLINS AVENUE #8H**  
**MIAMI BEACH FL 33140**

Name

**MARTINELLI, JORGE**

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

**5750 COLLINS AV. 15H.**

**MIAMI BEACH**

**FL**

Zip Code **33140**

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

*Blanca V. Martinelli* - DIRECTORS

**327.02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GIRAUD, JESUS E</b>	
STREET ADDRESS	<b>5750 COLLINS AVENUE #8H</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINELLI, ALEJANDRA E</b>	
STREET ADDRESS	<b>5750 COLLINS AVENUE #8H</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>BLANCA V. MARTINELLI</b>	
STREET ADDRESS	<b>5750 COLLINS AV. 15H</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Delete
NAME	<b>JORGE MARTINELLI</b>	
STREET ADDRESS	<b>5750 COLLINS AV. 15H</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Jorge Martinelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)