

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90395 033 \*\*\*150.00

**DOCUMENT # P99000110173**

**1. Entity Name**  
**MULTI SERVICES OF THE PALM BEACHES, INC.**

**Principal Place of Business**

**6742 FOREST HILL BLVD.**  
**179**  
**WEST PALM BEACH FL 33413**  
**US**

**Mailing Address**

**6742 FOREST HILL BLVD.**  
**179**  
**WEST PALM BEACH FL 33413**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

~~3286 Arcara Way Apt 409~~

City & State

~~Lake Worth, FL 33467~~

Zip

Country

Zip

Country

**4. FEE Number**  
**65-0981583**

☐ Applied For  
☐ Not Applicable

**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**

**JIMENEZ, MARIA C**  
**6742 FOREST HILL BLVD.**  
**179**  
**WEST PALM BEACH FL 33413**

**Name**  
**JIMENEZ, MARIA C**  
**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

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

**TITLE** **P** ☐ Delete  
**NAME** **JIMENEZ, JUAN J**  
**STREET ADDRESS** **3286 ARCARA WAY (409)**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33487**

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

**TITLE** **V** ☐ Delete  
**NAME** **JIMENEZ, MARIA C**  
**STREET ADDRESS** **3286 ARCARA WAY (409)**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33487**

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

**TITLE** **V** ☐ Delete  
**NAME** **JAIR, JIMENEZ J**  
**STREET ADDRESS** **CIRCLE 3 66 B 169**  
**CITY-ST-ZIP** **MEDELLIN COLUMBIA**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **Daytime Phone #**

CR2E034 (9/01)

Attachment  
B0124868

**MULTISERVICES OF THE PALM BEACHES.**

3286 Arcara Way (409)  
Lake Worth, FL 33467  
Tel.: (561) 308 5704

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

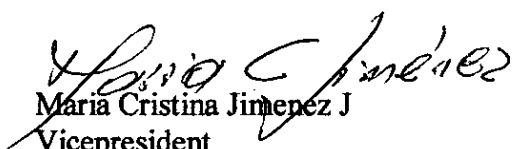
RE: Document # P 99000110173

To whom it may concern:

It has come to our attention that we never received the 2001 Uniform Business Report on time because we change address. We have enclosed the 2001 Uniform Business Report along with our \$ 150.00 filing fee. We ask that you accept our payment and we hope that next year, we receive the Report, so we can pay the fees on time.

Thank you for your consideration in this matter.

Sincerely Yours:

  
Maria Cristina Jimenez J  
Vicepresident  
May 30/2002