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Secretary of State
05-05-2003 90381 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28958

1. Entity Name
MULTI-SPECIALTY CORP.

11038775

Principal Place of Business	Mailing Address
4201 PALM AVE. HIALEAH, FL 33012	4201 PALM AVE SUITE 102 HIALEAH, FL 33012 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0258724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DELGADO, RUBEN S
3901 SW 192 TERRACE
MIRAMAR, FL 33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Date

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: D NAME: DELGADO, RUBEN, SR. STREET ADDRESS: 4201 PALM AVE. CITY-ST-ZIP: HIALEAH, FL	☐ Delete	☐ Change ☐ Addition
TITLE: D NAME: DELGADO, RUBEN, JR. STREET ADDRESS: 4201 PALM AVE. CITY-ST-ZIP: HIALEAH, FL	☒ Delete	☐ Change ☐ Addition
TITLE: D NAME: PUJOL, ALFREDO STREET ADDRESS: 4201 PALM AVE. CITY-ST-ZIP: HIALEAH, FL	☐ Delete	☐ Change ☐ Addition
TITLE: D NAME: SAFILLE, EDUARDO FELIX STREET ADDRESS: 4201 PALM AVE. CITY-ST-ZIP: HIALEAH, FL	☐ Delete	☐ Change ☐ Addition
TITLE: D NAME: MOYA, ROBERTO A. STREET ADDRESS: 4201 PALM AVE. CITY-ST-ZIP: HIALEAH, FL	☒ Delete	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	☐ Change ☐ Addition

CR2E034 (11/02)

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] 5-1-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #