## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am **DOCUMENT # \$83567** 1. Entity Name **Secretary of State** MULTIOPTION CORPORATION 03-24-2000 90075 012 \*\*\*150.00 Mailing Address Principal Place of Business 10118 S.W. 146TH PLACE 10118 S.W. 146TH PLACE MIAMI FL 33186-2972 MIAMI FL 33186-2972 2. Principal Place of Business 3. Mailing Address 72 oS21 BOX P0 107 AVE 4440 NW Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For City & State City & State 4. FEI Number 65-0293459 Not Applicable MIRMI Country \$8.75 Additional Country 5. Certificate of Status Desired 1883 - bob9 Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPEZ, JUAN C. Street Address (P.O. Box Number is Not Acceptable) 10118 S.W. 146TH PLACE suilf MIAMI FL 33186 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12: 11. ☐ Change Addition Delete TITLE LOPEZ, RAUL 4440 NW 107 AVE HIDA LOPEZ, RAUL NAME NAME 10118 SOUTHWEST 146 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition DM **√ZÎ** <del>De¦e</del>te TITLE TITLE LOPEZ, JUAN C. NAME 10118 SOURHWEST 146 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Deiete ☐ Change TITLE " LOPEZ, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 10118 SW 146 PL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE TITLE 🗀 Delete LOPEZ, LORENA NAME NAME 10118 SOUTHWEST 146 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL HUND NW 107 Arf ☐ Delete TITLE Change Addition TITLE LOPEZ, MARIA T NAME NAME STREET ADDRESS STREET ADDRESS 10118 SOUTHWEST 146 PLACE FI 33178-1883 CITY-ST-ZIP CITY ST-ZIP MIAMI FL ☐ Change ■ Addition TITLE สสน 🔽 Delete LOPEZ, ALFONSO O NAME NAME STREET ADDRESS 10118 SW 146 PL STREET ADDRESS r City-st-zip CITY-ST-ZIP MIAMI FL the exemption stated in Section 119:07(3)(i), Florida Statutes. I further certify that the information my eignature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental reg of the corporation or the receiver or trustee changed, or on an attachment with an ad-

SIGNATURE:

SIGNATURE AND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO