

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06095

1. Entity Name

MULTI-EXPO INTERNATIONAL, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90192 004 ***150.00

Principal Place of Business

2351 SW 37TH AVE
#508
CORAL GABLES FL 33145
US

Mailing Address

161 MADEIRA AVE
#101
CORAL GABLES FL 33134
US

2. Principal Place of Business

22 SALAMANCA AVE.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

#603

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

Zip

33134

Country

USA

Zip

Country

4. FEI Number

65-0306339

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

VALDES-BARRY, ALEXIS

22 SALAMANCA AVE.

#604

CORAL GABLES FL 33134

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
VALDES-BARRY, ALEXIS
22 SALAMANCA AVE. # 604
CORAL GABLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CR2E034 (10/00)

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 #

4-17-01

305 448-1314