

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
 01-12-2000 90034 038 \*\*\*150.00

**DOCUMENT # F97000002565**

1. Entity Name

**QUITARAXA S.A.**

Principal Place of Business

Mailing Address

% 2699 S. BAYSHORE DR., 7TH FL.  
 MIAMI FL 33133

7020 SW 109 TERR  
 MIAMI FL 33156-3966  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2039240**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPCO, INC.**  
**2699 S. BAYSHORE DR., 7TH FL.**  
**MIAMI FL 33133**

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, 2000 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          | DP                  | <input type="checkbox"/> Delete |
| NAME           | THOMAS, NORMAN V    |                                 |
| STREET ADDRESS | % 7020 SW 109 TERR. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33156      |                                 |
| TITLE          | DS                  | <input type="checkbox"/> Delete |
| NAME           | THOMAS, ANNE MARIE  |                                 |
| STREET ADDRESS | % 7020 SW 109 TERR. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33156      |                                 |
| TITLE          | DT                  | <input type="checkbox"/> Delete |
| NAME           | THOMAS, ANAMARIA    |                                 |
| STREET ADDRESS | % 7020 SW 109 TERR. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33156      |                                 |
| 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"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                   |   |
|----------------|-------------------|---|
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addit            |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit |
| NAME           | THOMAS, ANNEMARIE |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addit            |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addit            |
| NAME           |                   |   |
| STREET ADDRESS |                   |   |
| CITY-ST-ZIP    |                   |   |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addit            |
| 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]* **THOMAS, NORMAN V.** **4 JAN 2000** **305-646-5066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #