

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90994 035 \*\*\*150.00

**DOCUMENT # F99000003703**

1. Entity Name  
**QUAKER ACRES CORPORATION**

Principal Place of Business      Mailing Address

**520 BRICKELL KEY DRIVE, SUITE 0-305**      **520 BRICKELL KEY DRIVE, SUITE 0-305**  
**MIAMI FL 33131**      **MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      **52-2175959**       Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROJAS, MARCO**  
**520 BRICKELL KEY DRIVE, SUITE 0-305**  
**MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution.  **\$50.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>GARCIA, CARLOS</b> <b>250 CATALONIA AVE., STE 705</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New

**SIGN HERE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(f), 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: **CARLOS GARCIA**      **APRIL 4th, 2001**      **(305)-374-3800**

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