

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072090

1. Entity Name
QUAD INT'L., INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90220 010 ***150.00

Principal Place of Business
**4931 SW 75 AVE
MIAMI FL 33155**

Mailing Address
**4931 SW 75 AVE
MIAMI FL 33155-4440**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1629 N.W. 84 Ave.
Suite, Apt. #, etc.

3. Mailing Address
1629 NW 84 Ave.
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33126

Country
USA

Zip
33126

Country
USA

4. FEI Number **65-0444492**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FOX, JOHN CHARLES
4931 S.W. 75TH AVENUE
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **Fox, John Charles**

Street Address (P.O. Box Number is Not Acceptable)
1629 NW 84 Ave.

City **Miami** FL Zip Code **33126**

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 *John Charles Fox* **John C. Fox, President** DATE **4-26-2000**

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

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	
TITLE V	<input type="checkbox"/> Delete
NAME WEINSTEIN, HARVEY	
STREET ADDRESS 4931 S.W. 75 AVE.	
CITY-ST-ZIP MIAMI FL 33155	
TITLE P	<input type="checkbox"/> Delete
NAME FOX, JOHN C	
STREET ADDRESS 4931 S.W. 75 AVE.	
CITY-ST-ZIP MIAMI FL 33155	
TITLE V	<input type="checkbox"/> Delete
NAME GRAHAM, JOHN LEE	
STREET ADDRESS 4391 S.W. 75TH AVENUE	
CITY-ST-ZIP MIAMI FL 33155	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1629 N.W. 84 Ave.	
CITY-ST-ZIP Miami, FL 33126	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1629 NW 84 Ave.	
CITY-ST-ZIP Miami, FL 33126	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1629 NW 84 Ave.	
CITY-ST-ZIP Miami, FL 33126	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *John Charles Fox* **John C. Fox, President** DATE **4-26-2000** DAYTIME PHONE # **305-662-5959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)