2002 UNIFORM BUSINESS REPORT (UBR)

Sep 02, 2002 8:00 am Secretary of State DOCUMENT # P99000013940 1. Entity Name 09-02-2002 90147 045 ***150.00 QUE VOLA, INC. Principal Place of Business Mailing Address 1801 SW 133RD TERR 1801 SW 133RD TERR MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0915334 Not Applicable Zip Country . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, LIONEL N Street Address (P.O. Box Number is Not Acceptable) 1801 SW 133RD TERR MIRAMAR FL 33027 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (4/02) TITLE P/D TITLE ☐ Delete Addition NAME PEREZ, LIONEL N NAME STREET ADDRESS 1801 S.W. 133 TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME - . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

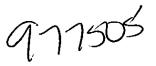
CITY-ST-ZIP

CITY-ST-ZIP

8-27-02 954-704-45-70

FILED

Attachment



Que Volá, Inc.

August 28, 2002

RE: Reinstatement Document P99000013940

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6237
Tallāhassēc, Florida 32314-6327-

Dear Sir or Madam:

Enclosed is my application for reinstatement and my check for \$150.00. I never received an annual report for year 2002. Please waive any penalty. This is a small struggling corporation and any penalty would create a financial hardship for me.

Thank you for your time and consideration.

Louil M. Pery, President

Very truly yours,

Lionel N. Perez, President