2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90308 027 ***150.00

DOCUMENT # P99000019051
Entity Name
IPQUEST CORP

Principal Place of Business	Mailing Address
N. E. 191ST ST. 8 FL 33180	2999 N. E. 191ST ST. PH 8 AVENTURA FL 33180-3117

✓ B0092798

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
3001 W. HALLANDALE BCH BLVD - 3RD FLOOR	3001 W. HALLANDALE BCH BLVD 3RD FLOOR
City & State: HALLANDALE, FL	City & State: HALLANDALE
Zip: 33009 Country: USA	Zip: 33009 Country: USA

4. FEI Number: 65-0908866 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEL MEDICO, REBECCA J ESQ.
14 TARA LAKES DRIVE EAST
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP PEREIRA, CAMILO 2999 N. E. 191ST ST./PH 8 AVENTURA FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES WAINER, CHARLES 2534 NE 206 TERRACE MIAMI FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S PEREIRA, MAXINE 2999 N. E. 191ST ST./PH 8 AVENTURA FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO MAGILL, THOMAS 3301 SO OCEAN BLVD #306 HIGHLAND BEACH, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO SCAFIDI, JOHN 8760 SW 192 STREET MIAMI FL 33157	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Thomas K. Magill THOMAS K. MAGILL 04/27/00 954-457-09