

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90018 012 ***150.00

DOCUMENT # P99000099096

1. Entity Name
HQ REALTY PHILIPPINES, INC.

Principal Place of Business 1011 N.W.11TH AVENUE MIAMI FL 33136	Mailing Address 1011 N.W.11TH AVENUE MIAMI FL 33136-2911
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2. Principal Place of Business 227 NE 2nd St. Suite, Apt. #, etc.	3. Mailing Address 227 NE 2nd St. Suite, Apt. #, etc.
City & State Miami, Florida	City & State Miami, Florida

4. FEI Number 65-0962254	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132	7. Name and Address of New Registered Agent Name: Ricardo D. Quianzon Street Address (P.O. Box Number is Not Acceptable) 1441 NW 19th St. #134 City: Miami FL Zip Code: 33125
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8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Ricardo D. Quianzon* **Ricardo D. Quianzon - President** April 4, 2000
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 NAME STREET ADDRESS CITY-ST-ZIP	D / T DE LEON, ERNESTO 1011 N.W.11TH AVENUE MIAMI FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ricardo D. Quianzon 1441 NW 19th St. #134 Miami, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Emerita L. Quianzon 1441 NW 19th St. #134 Miami, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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"/> 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: *Ricardo D. Quianzon* **Ricardo D. Quianzon - President** (786) 4251944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)