

2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

227 NE 2nd St.

Suite, Apt. #, etc.

Grd. flr.

City & State
Miami, Florida

Zip
33132

Country
USA

3. Mailing Address

227 NE 2nd St.

Suite, Apt. #, etc.

Grd. flr.

City & State
Miami, Florida

Zip
33132

Country
USA

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

04-11-2000 90018 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0962254

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

Ricardo D. Quianzon

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

1441 NW 19th St. #134

City

Miami

FL

Zip Code
33125

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 - 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 **D /T** ☐ Delete
NAME **DE LEON, ERNESTO**
STREET ADDRESS **1011 N.W.11TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **Ricardo D. Quianzon**
STREET ADDRESS **1441 NW 19th St. #134**
CITY-ST-ZIP **Miami, FL 33125**

TITLE **S** ☐ Change ☒ Addition
NAME **Emerita L. Quianzon**
STREET ADDRESS **1441 NW 19th St. #134**
CITY-ST-ZIP **Miami, FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ricardo D. Quianzon - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 4251944

CR2E034 (9/99)