

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000050235**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 045 ***150.00

1. Entity Name
QUANTUM BIOENGINEERING, INC.

Principal Place of Business
**201 N. UNIVERSITY DRIVE
 SUITE 101
 PLANTATION FL 33324**

Mailing Address
**2 S BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879100

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**VALDES-FAULI CORPORATE SERVICES, INC.
 2 SOUTH BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**

Name

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

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required, 2/28/02, 3011 p)

0415

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See or file a on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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: **PD** Delete
 NAME: **MENA, RAUL R**
 STREET ADDRESS: **201 N UNIVERSITY DRIVE STE 101**
 CITY-STATE-ZIP: **PLANTATION FL 33324**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: **SD** Delete
 NAME: **MENA, SARA**
 STREET ADDRESS: **201 N UNIVERSITY DRIVE STE 101**
 CITY-STATE-ZIP: **PLANTATION FL 33324**

TITLE: Change Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(3)(b), Florida Statutes, and that the information provided on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if provided by the officer or director of the corporation, partnership or trustee authorized to execute this report as required by Chapter 607, Florida Statutes, and that the information on Block 11 or Block 12 if changed, or on an attachment with an address, is with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA MENA
4.29.02
305 3760 0000

CORP/04 (02/01)