

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # **A98000002661**



FILED

03 MAY -2 PM 7:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



1. Entity Name
QUANTUM BIOENGINEERING LTD.

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **65-0879099**

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

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

Name

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

300017912083
05/02/03--01102--023 **141.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000050235**
NAME **QUANTUM BIOENGINEERING, INC.**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD., SUITE 3400**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Quantum Bioengineering, Inc.

SIGNATURE: By: *Raul R. Menas* **REQUIRED** *RAUL R. MENAS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/28/03 (930) 474 2556

CR2E003 (10/02)

STATE CHECK HERE