FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am DOCUMENT# 357759 Secretary of State 1. Entity Name 05-22-2001 90630 023 ***150.00 QUILTING CORPORATION OLGA'S Principal Place of Business Mailing Address NW 36 STREET 138 NW 36 STREET UU069228 MIAMI FL 33127 · MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address STREET 47 STREET 7035 SW 7035 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE F N. Suite City & State City & State 4. FEI Number Applied For MIAMI MIAHI 59-1281963 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33155 USA ライナミディニー Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FROMETA, CARNEN Street Address (P.O. Box Number is Not Acceptable)
70 35 SW 47 STAFF7 138 NW 36TH STREET SW SVITE MIAMI FL 33127 Zip Code MIAMI 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 CARMEN FROMETA FILE NOW! PEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ce Check Payable to Department of St (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TILE FROMETA, CARMEN 7035 SW 47 TH ST STEF STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP SCI Change Addition TITLE FROMETA, CARNEN NAME NAME SW 47TH STREET 138 NW 36TH STREET STREET ADDRESS 7035 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33155 MIANI FL 🔀 Change TITLE カナ Delete TITLE NAME FRUNETA, CARNEN NAME 7035 SW 47 TH STREET STREET ADDRESS 138 NW 36TH STREET STREET ADDRESS MIAMI CITY - ST - ZIP CITY-ST-ZIP 33155 MIA UI ☐ Change □ Addition TITLE Deleta TITLE NALEF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delets пπг Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NALE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 affactment with an address, with all other like empowered. 4/27/01 (305) 669-6212