2000 UNIFORM BUSINESS REPORT (UBR)

6/16/

DOCUMENT # 746599

1. Entity Name

QUOTA INTERNATIONAL OF THE PALM BEACHES, INC.

FILED
Jul 28, 2000 8:00 am
Secretary of State
06-05-2000 90029 011 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1813	% MIRIAM MCILVAINE 1526 NORTH "J" TERRACE LAKE WORTH FL 33460-1813

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2047626 ☐ 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
MCILVAINE,MIRIAM 1526 NORTH J TERRACE LAKE WORTH FL 33460	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERG, BETTY 359 VIA HERMOSA WEST PALM BEACH FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DIRECTOR KATHLEEN ADAMS 513 - 7th PLACE VERO BEACH FL 32962	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FELLER, JERRY 727 ISLAND SHORES DR WEST PALM BEACH FL 33413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIRECTOR MCILVAINE, MIRIAM M 1526 NORTH J TERRACE LAKE WORTH FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIRECTOR CAMERON, CALLIE 417 PUTNAM RD W PALM BCH FL 33405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DADONE, MAGGI 372 N. FOUR SEASONS RD PALM BEACH GARDENS FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MIRIAM M. McELVAINE, Pres.

SIGNATURE: Miriam M. McElvaine SIGNATURE REQUIRED May 26 2000 561/585-2758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Meriam M McElvaine June 30, 2000.
Meriam M McElvaine July 18, 2000