

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # F01000004216**

1. Entity Name  
**C Q INVESTMENT CORP.**



03-17-2003 90642 001 \*\*\*150.00  
03-17-2003 90642 002 \*\*\*\*\*8.75

Principal Place of Business  
**F-3 E. STREET  
HACIENDAS DEL MOUTE  
COTO LAUREL PR 00780**

Mailing Address  
**F-3 E. STREET  
HACIENDAS DEL MOUTE  
COTO LAUREL PR 00780**



2. Principal Place of Business

**Sunrise Profesional Bldg**

3. Mailing Address

Suite, Apt. #, etc.

**2500 N. University Dr.**

City & State

**Sunrise Florida**

Zip

**33322**

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **66-0591469**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAUFFMAN, RONALD  
100 SE 2ND ST., STE 2700  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>P</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>CONWAY, JOHN</b>                    |                                 |
| STREET ADDRESS | <b>F3 E STREET HACIENDAS DEL MONTE</b> |                                 |
| CITY-ST-ZIP    | <b>COTO LAUREL PR 00780</b>            |                                 |
| TITLE          | <b>S</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>CONWAY, CHARLES</b>                 |                                 |
| STREET ADDRESS | <b>B-4 PINO DE RIO ST</b>              |                                 |
| CITY-ST-ZIP    | <b>URB LA ARBOLEDA PR 00966</b>        |                                 |
| TITLE          | <b>T</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>CONWAY, MARY</b>                    |                                 |
| STREET ADDRESS | <b>37 GARDEN MEADOW, GARDEN HILLS</b>  |                                 |
| CITY-ST-ZIP    | <b>GUAYNABO PR 00966</b>               |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |   |  |
|----------------|---|--|
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |  |
| STREET ADDRESS | <b>URB LA ARBOLEDA D-4 PINO DEL RIO</b> |  |
| CITY-ST-ZIP    | <b>GUAYNABO, P.R 00966</b>              |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

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 607, 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.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)