

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90091 034 ***158.75

DOCUMENT # F95000000340

1. Entity Name
QUAY CORP.

Principal Place of Business
**ARIAS FABREGA OMAR HODGE BLVD
WICKHAM'S CAY
ROAD TOWN TORTOLA**

Mailing Address
**C/O ERNESTO SANCHEZ. P.A.
814 PONCE DE LEON BLVD., SUITE #505
CORAL GABLES FL
US**

BRITISH VIRGIN ISLANDS

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 **65-0247341**

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

**SANCHEZ, ERNESTO PA
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **D** ☐ Delete
NAME **SERVO LIMITED**
STREET ADDRESS **ARIAS, FABREGA/PO BOX 985, WICKHAM'S CAY**
CITY-ST-ZIP **ROAD TOWN, B.V.I.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JANE MALONE**
STREET ADDRESS **OMAR HODGE BUILDING, WICKHAM'S CAY**
CITY-ST-ZIP **ROAD TOWN TO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **MACTAVICUS, ANNETTE**
STREET ADDRESS **OMAR HODGE BUILDING, WICKHAM'S CAY**
CITY-ST-ZIP **ROAD TOWN TO**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **LARANGEIRA, CARLOS**
STREET ADDRESS **RUA MONTE DE CONSELHO #623 APT301**
CITY-ST-ZIP **RIOCELMELHOSALVADOR RAHIA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LARANGEIRA, NEILA**
STREET ADDRESS **RUAMONTE DOCONSELHO#623 APT301**
CITY-ST-ZIP **RIOVERMELHOSALVADORBAHIA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE: *X Carlos Larangeira*

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-02-01

(305) 441-2040

CR2E034 (10/00)