

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90110 045 ***150.00

DOCUMENT # F95000000340

1. Entity Name
QUAY CORP.

Principal Place of Business

**ARIAS FABREGA OMAR HODGE BLVD
WICKHAM'S CAY
ROAD TOWN TO
US**

Mailing Address

**c/o Ernesto Sanchez, P.A.
814 Ponce de Leon Blvd.
Suite 505
Coral Gables 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0247341

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 | <input checked="" type="checkbox"/> Delete |
| NAME | SERVCO LIMITED | |
| STREET ADDRESS | ARIAS, FABREGA/PO BOX 085, WICKHAM'S CAY | |
| CITY-ST-ZIP | ROAD TOWN, B.W.I. | |
| TITLE | VP. | <input checked="" type="checkbox"/> Delete |
| NAME | JANE MALONE | |
| STREET ADDRESS | OMAR HODGE BUILDING, WICKHAM'S CAY | |
| CITY-ST-ZIP | ROAD TOWN TO | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | MACTAVIOUS, ANNETTE | |
| STREET ADDRESS | OMAR HODGE BUILDING, WICKHAM'S CAY | |
| CITY-ST-ZIP | ROAD TOWN TO | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LARANGEIRA, CARLOS | |
| STREET ADDRESS | RUA MONTE DE CONSELHO #623 APT301 | |
| CITY-ST-ZIP | RIOCELMELHOSALVADOR RAHIA | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LARANGEIRA, NEILA | |
| STREET ADDRESS | RUAMONTE DOCONSELHO#623 APT301 | |
| CITY-ST-ZIP | RIOVERMELHOSALVADORBAHIA | |
| 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 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 | | |

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/02

CR2E034 (9/01)