

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90214 023 ***158.75

DOCUMENT # H21836

1. Entity Name

QUIET NACELLE CORPORATION

Principal Place of Business

Mailing Address

~~8000 N.W. 56TH ST.~~
~~MIAMI FL 33166~~

~~8000 N.W. 56TH ST.~~
~~MIAMI FL 33166-4015~~

2. Principal Place of Business

3. Mailing Address

12845 NW 45 Ave

12845 NW 45 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPA-LOCKA FL

City & State

OPA-LOCKA FL

Zip

33054

Country

USA

Zip

33054

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRBRAGHER, FERNANDO

~~8000 N.W. 56TH ST.~~
~~MIAMI FL 33166~~

Name

Street Address (P.O. Box Number is Not Acceptable)

12845 NW 45 AVE.

City

OPA-LOCKA

FL

Zip Code

33054

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

FERNANDO BIRBRAGHER **1/14/00**

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	BIRBRAGHER, FERNANDO	
STREET ADDRESS	8000 N.W. 56TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIRBRAGHER, FERNANDO	
STREET ADDRESS	8000 N.W. 56TH ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FINE, FRANK	
STREET ADDRESS	8000 N.W. 56TH ST.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINE, BARRY	
STREET ADDRESS	8000 N.W. 56TH ST.	
CITY-ST-ZIP	MIAMI FL 33166	
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 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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (305)687-0731

CR2E034 (9/99)