

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 009 ***150.00

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # ~~387276~~ **J87276** ✓
1. Entity Name
QUINTON INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3845 SW 41 ST. Suite, Apt. #, etc.		3. Mailing Address CENTRO AEREO No. Q-3249 Suite, Apt. #, etc. P.O. BOX 02-5268	
City & State PEMBROKE PARK, FL 33023		City & State MIAMI, FLORIDA 33102-5268	
Zip	Country USA	Zip	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2836009	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROSS, CHARLES ALLAN	
Street Address (P.O. Box Number is Not Acceptable) 3845 SW 41 ST.	
PEMBROKE PARK, FL 33023	
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

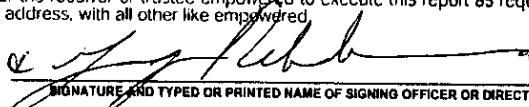
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIBADENEIRA, JOAQUIN 3845 SW 41 ST. PEMBROKE PARK, FL 33023	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17, 2002
Date

593-2-468 548
Daytime Phone #

CR2E034B (12/01)

Attachment

#J87276/041689

SU DIRECCION POSTAL ES ASI:

CENTRO AEREO No. Q-3249
P.O.BOX 02-5268
MIAMI, FLORIDA 33102-5268 USA

SU DIRECCION FISICA ES ASI:

CENTRO AEREO No. Q-3249
7801 N.W. 37th St.
MIAMI, FL. 33166-6559
TELF.: (305) 592 0839

Presentar esta contraseña para sus retiros