

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 11438

1. Entity Name

QUISQUEYA PLAZA CORPORATION

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90135 040 \*\*\*158.75

Principal Place of Business

13405 NE 2nd Court  
Miami, FL 33161

Mailing Address

13405 NE 2nd Court  
Miami, FL 33161

2. Principal Place of Business

13405 NE 2nd Court

3. Mailing Address

13405 NE 2nd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

N Miami, FL

City &amp; State

N Miami, FL

4. FEI Number

65-0142190

Applied For

Not Applicable

Zip  
33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, PEDRO  
13405 NE 2nd Court  
N Miami, FL 33161

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.

SIGNATURE

*Pedro Ruiz*

Pedro Ruiz, President

02/24/00

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUIZ, PEDRO	
STREET ADDRESS	715 NE 152nd Street,	
CITY-ST-ZIP	Miami, FL 33162	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUIZ, CARMEN	
STREET ADDRESS	715 NE 152nd Street,	
CITY-ST-ZIP	Miami, FL 33162	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO RUIZ, President

02/24/00

Date

Daytime Phone #

CR2E034 (9/99)