

**DOCUMENT # M60421**

1. Entity Name

**QUILLCO PUBLISHING, INC.**

05-17-2000 90964 010 \*\*\*158.75

Principal Place of Business	Mailing Address
17410 NW 27 AVE	18615 N.W. 22ND COURT
OPA LOCKA FL 33056	MIAMI FL 33056-3214
US	

<b>2. Principal Place of Business</b> •	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 6500/1010	NOT APPLICABLE	<input checked="" type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent	
BRANNOCK, RUDD 18615 N.W. 22ND COURT MIAMI FL 33053	Name
	Street Address (
	City

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div> <div> <b>P</b>  <b>RUDD, BRANNOCK</b>  <b>18615 N.W. 22ND COURT</b>  <b>MIAMI FL 33053</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete         </div>

[illegible]

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] 6/26/00 305-624-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)