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FILED
Jul 10, 2002 8:00 am
Secretary of State

05-15-2002 90069 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015274

1. Entity Name

Quetzal films corp.
65-0981254

[redacted]

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
9832 costa del sol Blvd		9832 costa del sol Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL, 33178		City & State: Miami, FL, 33178	
Zip: 33178	Country: US	Zip: 33178	Country:

4. FEI Number: 65-0981254 ☐ 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

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 Macorix Perera 06/17/02

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	president	TITLE	
NAME	Macorix perera	NAME	
STREET ADDRESS	9832 costadelsol Blvd	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33178	CITY-ST-ZIP	
TITLE	officer	TITLE	
NAME	Martha luz velez	NAME	
STREET ADDRESS	9832 costa del sol Blvd	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL, 33178.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: Martha Luz Velez 04/29/02 7865538771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #