

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078823

1. Entity Name

Quint Wellington Redwood Academy US Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1504 BAY ROAD

3. Mailing Address

1504 BAY ROAD

Suite, Apt. #, etc.

2105

Suite, Apt. #, etc.

2105

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

02-03

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-1037830

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

Julie Zahniser - Esq.

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

5655 S Indian River Drive

City

Fort Pierce

FL

34982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Julie Zahniser

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-7-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME

D
Rene Hagen
1504 BAY ROAD, STE 2105
MIAMI BEACH, FL 33139

TITLE
NAME

200025198312
12/03/03-01070-001 **\$58.75

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D
FRANK GRIFT
1504 BAY ROAD, STE 2105
MIAMI BEACH, FL 33139

TITLE
NAME

200025198312
12/03/03-01070-002 **\$50.00

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address; with all other like empowered.

SIGNATURE:

RENE HAGEN

9/9/03

Date

305 534 9196

Daytime Phone

CR2E034B (12/02)