## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2001 8:00 am Secretary of State DOCUMENT # P00000112679 1. Entity Name AQP USA . CORP 05-02-2001 90164 042 \*\*\*150.00 Principal Place of Business Mailing Address 7915 SW 17TH ST 7915 SW 17TH ST **MIAMI FL 33155** MIAMI FL 33155 U0045823 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-108959 Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELGADO, STEVE Street Address (P.O. Box Number is Not Acceptable) 7915 SW 17TH ST MIAMI FL 33155 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE TITLE ☐ Defete NAME DELGADO, STEVE NAME STREET ADDRESS STREET ADDRESS 7915 SW 17TH ST CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** TITLE ۷D ☐ Delete TITLE Change ☐ Addition NAME DELGADO, CHRISTIAN NAME STREET ADDRESS STREET ADDRESS 7915 SW 17TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 SD Change ☐ Addition □ Delete DELGADO, PAUL NAME STREET ADDRESS STREET ADDRESS 7915 SW 17TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change ☐ Addition ☐ Delete DE DELGADO, NANCY STREET ADDRESS STREET ADDRESS 7915 SW 17TH ST CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33155 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

STEUE

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

305-261-5605