

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90343 014 ***150.00

DOCUMENT # **PO1000028670**

1. Entity Name

IMAGEQUEST GRAPHIX CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7800 SW 57 AVENUE

3. Mailing Address

7715 SW 86 ST.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

APT. A2-411

City & State

SOUTH MIAMI

City & State

MIAMI, FL

4. FEI Number

65-1085642

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARDO A. OTERO

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

7715 SW 86 STREET

A2-411

City

MIAMI

FL

Zip Code

33143

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
RICHARDO A. OTERO (P)
7715 SW 86 ST. #A2-411
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. PRESIDENT
ANA I. OTERO (V)
7715 SW 86 ST. #A2-411
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 305-668-8955

Date

Daytime Phone #

CR2E034B (12/01)