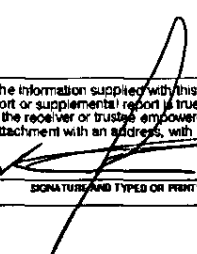


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90262 001 ***600.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000047059		
1. Entity Name QUICKFENCE CORP.		
Principal Place of Business 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		Mailing Address 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131
2. Principal Place of Business		3. Mailing Address <i>1901 Brickell Ave</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2301 B</i>
City & State		City & State <i>Miami Fla</i>
Zip	Country	Zip <i>33129</i> Country <i>USA</i>
4. FEI Number 65-1102327		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent AGRAMUNT, LUIS 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name <i>SAURA, LUCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>8300 NW 30th TERRACE</i> City <i>MIAMI</i> FL Zip Code <i>33122</i>
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 _____ (NOTE: Registered Agent's signature required when necessary) DATE _____		
		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA MAS, ANTONIO 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA SOTILLOS, LUCIA 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAURA SOTILLOS, JORGE A 1221 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		FEB 07 11 2003 (786) 395-9879

CR2E034 (10/02)