

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-23-2002 90087 019 ***150.00

DOCUMENT # P01000059930

1. Entity Name
QUICKPAGE USA, INC.

Principal Place of Business
**10873 SW 40TH ST
 MIAMI FL 33165**

Mailing Address
**10873 SW 40TH ST
 MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

65-1113048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VINCENT, JAMES L
 4332 BEECHWOOD LAKE DR
 NAPLES FL 34112**

Name
Dominga Bencid
 Street Address (P.O. Box Number is Not Acceptable)
13770 SW 82ND ST
 City
MIAMI
 State
FL
 Zip Code
33183

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 **Dominga Bencid**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENCID, LUIS J	
STREET ADDRESS	14355 SW 57TH LANE, APT 6	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENCID, DOMINGA A	
STREET ADDRESS	13770 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENCID, SAMMY I	
STREET ADDRESS	13770 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENCID, LUIS F	
STREET ADDRESS	13770 SW 82ND ST	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROSABEL M	
STREET ADDRESS	19321 SW 118TH CT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dominga Bencid**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 **3052211922**
 Date Daytime Phone #

CR2E034 (9/01)