2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 16, 2002 8:00 am Secretary of State DOCUMENT # P01000101583 1. Entity Name 07-16-2002 90359 027 ***150.00 CSQ MEDICAL ENTERPRISES, INC. Principal Place of Business Mailing Address 19315 NW 8 CT 19315 NW 8 CT MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CATO, SHERRAY Street Address (P.O. Box Number is Not Acceptable) 19315 NW 8 CT MIAMI FL 33169 City Zip Code 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 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE □ Change ☐ Addition NAME CATO, SHERAY NAME STREET ADDRESS 19315 NW 8 CT STREET ADDRESS €ITY-ST-ZIP **MIAMI FL 33169** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME MOSLEY, TRACY NAME STREET ADDRESS 19315 NW 8 CT STREET ADDRESS CITY-ST-ZIP MIAMI:FLT33169 CITY-ST-7IP TITLE 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

7-6-02 305-690-0240
Date Daytime Phone #

Change

☐ Addition

Attachment PO1000101883

PO1000101583 120974

> CSQ MEDICAL ENTERPRISES INC.

Memo

To: FLORIDA DEPT OF STATE

From: SHERRAY M CATO

CQ

Date: 07/06/02

Res FILING OF UBR

TO WHOM IT MAY CONCERN:

I HAVE TWO CORPORATIONS, CARAN'S LEARNING NEST INC.PO1000022977 AND CSQ MEDICAL ENTERPRISES INC PO1000101583 I MAILED THEM OFF IN SEPARATE ENVELOPES, ON MAY 30,2002 I CALLED AND SPOKE WITH DREW BECAUSE I WAS CONCERNED THAT NEITHER ONE OF THE CHECKS HAVE NOT BEEN CASHED THE CHECK DATE WERE 4/26/02 CK#1272 & #003 AND SHE STATED THAT-YOU ALL WERE A LITTLE BEHIND IN PROCESSING CORPORATIONS AND TO GIVE IT ANOTHER WEEK. ON MAY 31,2002 CK#003 FOR \$150.00 HAD CASHED SO I WAITED ANOTHER WEEK TO SEE IF THE OTHER CHECK WOULD CASH AND I CALLED BACK JUNE 18, 2002 AND SPOKE TO KATHY SHE STATED TO PUT A STOP PMT ON CK#1272 AND DOWN LOAD FORM OFF THE INTERNET AND RESUBMIT WITH THIS LETTER, I COULD NOT RETRIEVE IT FROM THE INTERNET AND I RECEIVE THE NEXT UBR I MAILED IT OFF. IF THERE IS ANY CONCERN, PLEASE FILL FREE TO GIVE ME A CALL 305-690-0240.

THANKS IN ADVANCE

All Cats