2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # P02000027732 1. Enlity Name QUICK INVESTMENT, INC.						04-17-2003 90615 036 ***150.00			
Principal Place of Business Mailing Address 17500 SW 58TH STREET 17500 SW 58TH STREET SOUTH WEST RANCHES FL 33331 SOUTH WEST RANCHES FL					L 33331		A INDIVIDUE HIN DUTTU LIBERT DERTY DERTY DERTY DERTY DERTY DER KERNEN HANDE HEN ER BER		
2. Principal I	Place of Busin	ness	3. Mai	3. Mailing Address					
Suite, Apt	t. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State Zip Country			City	City & State			4. FEI Number Applied For Not Applied For Not Applicable		
Zip			Zíp				5. Certificate of Status Desired \$8.75 Additional Fee Required		
<u> </u>	6. Name	and Address of Cur	remt Registere	d Agent			7. Name and Address of New Registered Agent		
				<u> </u>	Nam_	9	and the state of t		
ROS, JUANA M						Street Address (P.O. Box Number is Not Acceptable)			
17500 SW 58TH STREET						Officer Address (1.0. Sea Market 15 Not Allestation)			
SOUTH WEST RANCHES FL 33331					· ·				
					City	City FL Zip Code			
8. The above	named entity	y submits this stateme	nt for the purpo	ose of changing its	egistered office	or register	red agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	No.	ered agent	igeni and title il appl	icable. (NOTE:	Registered Agent sig	nature required	d when refrigiating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS A	ND DIRECTOR	R\$	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	PSTD "	*		☐ Delete	TITLE		☐ Change ☐ Addition S		
	ROS, JUAN				NAME		Change Addition		
		SETH STREET	10004		STREET ADDRES	s	8		
CITY-ST-ZIP	200 IH WE	ST RANCHES FL	3331		CITY-ST-ZIP				
TITLE	j			Delete	TITLE	j	☐ Change ☐ Addition ☐ 중		
NAME Street Address					NAME OTREET LODGE	.			
CITY-ST-ZIP	ł				STREET ADDRES	'	·		
TITLE	 			D Dulan	TITLE	+	☐ Change ☐ Addition		
NAME	,			L_i Delete	NAME	- }	C) Citalige C) Addition		
STREET ADDRESS		د کرد و بحینه میک	** *, ** .	<u> با ساد</u>	STREET ADDRES	S	** *** ** *** *** *** *** *** *** ***		
CITY-ST-ZIP			,		CITY-ST-ZIP				
TITLE				☐ Delete	MILE .	7	☐ Change ☐ Addition		
NAME					NAME	1			
STREET ADDRESS					STREET ADDRES	\$			
CITY+ST-ZIP	<u> </u>			<u> </u>	CITY-ST-ZIP	<u> </u>			
TITLE				☐ Delete	TITLE		☐ Change ☐ Addition		
NAME					NAME				
STREET ADDRESS					STREET ADDRES	·			
CITY-ST-ZIP					CITY-ST-ZIP	+			
TITLE	}			Delete	TITLE		Change C Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPE OF PRINTED NAME OF PROVING OFFICER OR DEPOSIT

954-689-4939