FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90241 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075000

1. Entity Name
QUEVEDO CORPORATION

11017021

Principal Place of Business	Mailing Address
1496 NW 26TH AV MIAMI, FL 33125	1496 NW 26TH AV MIAMI, FL 33125

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
12748 NW 11th Terr. Suite, Apt. #, etc.		12748 NW 11th Terr. Suite, Apt. #, etc.	
City & State: Miami - FL		City & State: Miami - FL	
Zip: 33182	Country: USA	Zip: 33182	Country: USA

4. FEI Number: 16-1617078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUEVEDO, WENDY J
1496 NW 26TH AV
MIAMI, FL 33125

7. Name and Address of New Registered Agent

Name: Wendy Quevedo
Street Address (P.O. Box Number is Not Acceptable): 12748 NW 11th Terr.
City: Miami FL Zip Code: 33182

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] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RUBIO VALLS, LAURA	
STREET ADDRESS	1496 NW 26TH AV	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	VP	☐ Delete
NAME	QUEVEDO, WENDY J	
STREET ADDRESS	1496 NW 26TH AV	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4/21/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #