

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90159 015 ***150.00

DOCUMENT # P02000081966

1. Entity Name
QUICK AWNING, CORP.



Principal Place of Business
**1700 NW 22 CT #1
MIAMI FL 33125**

Mailing Address
**1700 NW 22 CT #1
MIAMI FL 33125**



2. Principal Place of Business **1700 NW 22 CT #8** 3. Mailing Address **1700 NW 22 CT #8**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0023586

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOMEZ, CARLOS JOSE
1700 NW 22 CT #1
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name

Gomez, Carlos Jose

Street Address (P.O. Box Number is Not Acceptable)

1700 NW 22 CT #8

City

Miami

FL

Zip Code

33125

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

3/14/03

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	PD	<input type="checkbox"/> Delete
NAME	GOMEZ, CARLOS JOSE	
STREET ADDRESS	1700 NW 22 CT #1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLI, CLAUDIA NOELIA	
STREET ADDRESS	1700 NW 22 CT #1	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez, Carlos Jose	
STREET ADDRESS	1700 NW 22 CT #8	
CITY-ST-ZIP	Miami FL 33125	
TITLE	Vicepresident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belli, Claudia Noelia	
STREET ADDRESS	1700 NW 22 CT #8	
CITY-ST-ZIP	Miami, FL 33125	
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		

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

Date

Daytime Phone #

CR2E034 (10/02)