

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90776 038 ***150.00

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| DOCUMENT # P03000028231 | | | | | |
| 1. Entity Name UNIVERSITY QSR CORP. | | | | | |
| Principal Place of Business 3362 MISSION LAKE DRIVE #356 ORLANDO, FL 32817 | | | Mailing Address 3362 MISSION LAKE DRIVE #356 ORLANDO, FL 32817 | | |
| 2. Principal Place of Business 6627 University Blvd. | | 3. Mailing Address P.O. Box 5766 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04292004 Chg-P CR2E034 (10/03) | |
| City & State Winter Park, FL 32792 | | City & State Winter Park, FL 32793 | | 4. FEI Number 86-1051346 | |
| Zip 32792 | | Country USA | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CINTRON, HUGO A 3362 MISSION LAKE DRIVE #356 ORLANDO, FL 32817 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T CINTRON, HUGO A 3362 MISSION LAKE DRIVE #356 ORLANDO, FL 32817 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | | 4/29/04 407-672-1090 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HUGO A. CINTRON | | | Date Daytime Phone # | | |