2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # `P35046`

1. Entity Name

REMESAS QUISQUEYANA, INC.

0118872 AT

Principal Place of Business	Mailing Address
4468 BROADWAY	4468 BROADWAY
NEW YORK NY 10040	NEW YORK NY 10040

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **11-2784238**	Applied For
	Not Applicable

Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **ARMENTEROS, ERNESTO J.** STREET ADDRESS **CAONABO 59** CITY-ST-ZIP **SANTO DOM., DOM. REP**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **V** NAME **ARMENTEROS, ERNESTO E.** STREET ADDRESS **CAONABO 59** CITY-ST-ZIP **SANTO DOM., DOM. REP**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **STD** NAME **JULIA FRANCISCO JOSE** STREET ADDRESS **301 E 66ST #5-L** CITY-ST-ZIP **NY NY 10021**	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E039 (4/03)

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: _Francisco J. Julia, Secretary/Trsr._   _7/12, 2003_   _917.645.0004_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #