

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021401

1. Entity Name

QUEST INDUSTRIES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90416 031 ***150.00

Principal Place of Business

% KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST 28TH FLOOR
MIAMI FL 33131
US

Mailing Address

% KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST 28TH FLOOR
MIAMI FL 33131
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0395867**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SE 2ND ST
28TH FLOOR
MIAMI FL 33131

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.

SIGNATURE: *Pierre Charet*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: DP
NAME: CHARET, PIERRE S
STREET ADDRESS: 10301 N.W. 108TH AVENUE, STE. 2
CITY-ST-ZIP: MIAMI FL 33178 ☐ Delete

TITLE: DST
NAME: POINTON, GERALD R
STREET ADDRESS: 2900 CALUSA ST.
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: VP
NAME: LIN, ALPHA
STREET ADDRESS: 10301 N.W. 108TH AVENUE, STE. 2
CITY-ST-ZIP: MIAMI FL 33178 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pierre Charet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

Daytime Phone #

(305) 882-0555

CR2E034 (10/00)