## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2001 8:00 am<sup>5</sup> Secretary of State DOCUMENT # **P93000034956** ... 05-22-2001 90012 018 \*\*\*150.00 EARTH ISLAND VENTURES, INC. Principal Place of Business Mailing Address 512 MAJORCA AVENUE 512 MAJORCA AVENUE **CORAL GABLES FL 33134** MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0426201 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QUETGLAS, FRANK Street Address (P.O. Box Number is Not Acceptable) 512 MAJORCA AVE. **CORAL GABLES FL 33134** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete QUETGLAS, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 512 MAJORCA AVE. CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK QUETGLAS-PRESIDENT

4/10/01

305-441-2023

Date

Daytime Phone #