

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075677

1. Entity Name

QUISQUEYA CALL BACK, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90982 038 ***150.00

Principal Place of Business

Mailing Address

7225 NW 25TH ST
307
MIAMI FL 33122
US

7225 NW 25TH ST
307
MIAMI FL 33122-1709
US

2. Principal Place of Business

3. Mailing Address

7225 NW 25th st

7225 NW 25th st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306

306

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33122

33122



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0445679

Applied For

Not Applicable

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

ROY, BRIGITTE
8065 SW 107TH AVE
STE 122
MIAMI FL 33173

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ROY, BRIGITTE	
STREET ADDRESS	8065 S.W. 107TH AVE. APT 221	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROY, MICHAEL H	
STREET ADDRESS	7845 S.W. 53RD CT.	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)