

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90444 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062343

1. Entity Name

F M QUILTING CORP.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10715 SW 190th St

Suite, Apt. #, etc.

#44

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMIFL

City & State

Zip

33157

Country

DADE

Zip

Country

4. FEI Number

65-0512832

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

FERNANDO E. TRIOLET

Street Address (P.O. Box Number is Not Acceptable)

10715 SW 190th St

City

MIAMI FL

FL

Zip Code

33157**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>FERNANDO E. TRIOLET</u> <u>19244 SW 12th St</u> <u>MIAMI FL 33177</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MONYNA M. TRIOLET</u> <u>SAME ADDRESS</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PATRICIA TRIOLET</u> <u>SAME AS ABOVE</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 5-17-02

Date

Daytime Phone #

CR2E034B (12/01)