

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088784

1. Entity Name

QUEST GROUP, INC.

Principal Place of Business

2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0741230

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

LUSTIG, ROY R ESQ.
2600 DOUGLAS ROAD
911 DOUGLAS CENTRE
CORAL GABLES FL 33134

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	PINTO, MARCUS	
STREET ADDRESS	4795 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	PINTO, CELIA	
STREET ADDRESS	4795 SW 8 ST	
CITY-ST-ZIP	MIAMI FL 33134	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCOS PINTO	
STREET ADDRESS	935 SOUTH SHORE DRIVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CELIA PINTO	
STREET ADDRESS	935 SOUTH SHORE DRIVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
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		
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/2001 (305) 491-0202

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90006 035 ***150.00

C0033866



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)