2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91129 021 ***150.00

DOCUMENT # P94000088784

1. Entity Name
QUEST GROUP, INC.

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134	2600 DOUGLAS ROAD 911 DOUGLAS CENTRE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
935 South Shore Drive	935 South Shore Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, Fla	City & State: Miami Beach, Fla
Zip: 33141 Country: U.S.	Zip: 33141 Country: U.S.

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: MARCOS PINTO Street Address (P.O. Box Number is Not Acceptable): 935 SOUTH SHORE DRIVE. City: MIAMI BEACH FL Zip Code: 33141

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] DATE 4/14/2002
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P PINTO, MARCUS 935 S SHORE DR MIAMI FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PINTO, CELIA 935 S SHORE DR MIAMI FL 33141	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED [signature] 4/14/02 305-491-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #