

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90076 023 ***150.00

DOCUMENT # P95000014467**1. Entity Name**
QUAY INTERNATIONAL, INC.**Principal Place of Business****520 BRICKELL KEY DRIVE**
SUITE 0-305
MIAMI FL 33131**Mailing Address****520 BRICKELL KEY DRIVE**
SUITE 0-305
MIAMI FL 33131**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0576824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****FREEMAN, STEPHEN A**
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131**7. Name and Address of New Registered Agent**

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, 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****TITLE** **D** ☐ Delete
NAME **KAUFMAN, DAVID**
STREET ADDRESS **520 BRICKELL KEY DR, #0-305**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** **S** ☐ Delete
NAME **FREEMAN, STEPHEN A.**
STREET ADDRESS **520 BRICKELL KEY DR, STE 0-305**
CITY-ST-ZIP **MIAMI FL****TITLE** **P** ☐ Delete
NAME **KAUFFMAN, DAVID**
STREET ADDRESS **520 BRICKELL KEY DR, STE 0-305**
CITY-ST-ZIP **MIAMI FL****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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

SIGNATURE **Stephen A. Freeman**

Date

Daytime Phone #

4/24/02 (305) 374-3800

CR2E034 (9/01)