2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am DOCUMENT # P95000025186 Secretary of State 1. Entity Name 02-07-2002 90004 048 ***158 QUADRUS CORPORATION Principal Place of Business Mailing Address 5308 JEFFERSON STREET 5308 JEFFERSON STREET HOLLYWOOD FL: 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 11924 WEST REALST Hill Blue 11924 WEST KNEST HILL BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 22-322 22-City & State City & State 4. FEI Number Applied For 59-3309663 WEST PALM Boh FU WEST PALM Not Applicable \$8.75 Additional PALM BEAU 5. Certificate of Status Desired 33414 BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHARL EIRAS EIRAS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5308 JEFFERSON STREET 11924 WEST FLAEST HILL HOLLYWOOD FL 33021 Zig Cg 件14 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 MILMARL 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees : *(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME EIRAS, JAN P NAME STREET ADDRESS 12359 WESTHALL PL. STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP VP, S, T TITLE **VP** Delete TITLE ☐ Addition NAME EIRAS, MICHAEL J NAME STREET ADDRESS 5308 JEFFERSON ST. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

PREMIEWAS - VICE PRES.DENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR