## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P95000042586

1. Entity Name

QSIEX USA TRADING, INC.

changed, or on an attachment with an address

SIGNATURE:

S[C

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

DOCUMENT #



## Apr 30, 2003 8:00 am & Secretary of State

Principal Place of Business Mailing Address 240 CRANDON BLVD 8201 NORTH WEST 66TH STREET 11027293 SUITE 209 SUITE 3 KEY BISCAYNE FL 33149 MIAMI FL 33166 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0586391 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7...Name and Address of New Registered Agent Name SANTOS, ANTONIO C Street Address - 109 GRANDON BLVD-New -STE-307--KEY BÎSCAYNE FL 33149-8. 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. Lam familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F Addition ☐ Delete SANTOS, ANTONIO C NAME NAME 246 BUD STREET ADDRESS | <del>104° CRANDON-BLVD-#30</del>7 STREET ADDRESS New KEV-BISCAYNE FL 33149 address BISCAYNE, FL CITY-ST-ZIP CITY-ST-ZIP ۷D TITLE ☐ Defete TITLE GASPARINO, MARCIA G. NAME Bluch NAME New a STREET ADDRESS 104 CRANDON BLVD 307 STREET ADDRESS Address CITY-ST-ZIP CITY-ST-ZIP KEY-BISCAYNE-FL 33149 TITLE Delete 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-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 of the corporation or the receiver or trustee amportal and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if