

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000050823

1. Entity Name

G Q - 1, CORP.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90082 008 ***558.75

Principal Place of Business

Mailing Address

16155 SW 117 AVE
B-2
MIAMI FL 33157
US

16155 SW 117 AVE
B-2
MIAMI FL 33177-1616
US

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

65-0606076

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

QUINONES, GUILLERMO
5020 SW 98 AVE. RD.
MIAMI FL 33165

Name

ELSA E. QUINONES

Street Address (P.O. Box Number is Not Acceptable)

5020 SW 98 AVE ROAD

City

MIAMI FL

FL

Zip Code

33165

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, 2000 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 D ☒ Delete
NAME QUINONES, GUILLERMO
STREET ADDRESS 5020 SW 98 AVE. RD.
CITY-ST-ZIP MIAMI FL 33165

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ELSA E. QUINONES
STREET ADDRESS 5020 SW 98 AVE ROAD
CITY-ST-ZIP MIAMI FL 33165

TITLE VP ☒ Delete
NAME PATALLO, INDALELIO S
STREET ADDRESS 1611 SW 99TH CT
CITY-ST-ZIP MIAMI FL 33165

TITLE SECRETARY TREASURER ☐ Change ☒ Addition
NAME ILEANA VALDES
STREET ADDRESS 340 NW 87 AVE APT#401
CITY-ST-ZIP MIAMI FL 33172

TITLE VP ☒ Delete
NAME QUINONES, ELSA E
STREET ADDRESS 5020 SW 98 AVE. RD.
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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:

RECEIVED

5-24-00 805-596-1016

Date

Daytime Phone #

CR2E034 (9/99)