

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
 02-23-2000 90005 019 ***150.00

DOCUMENT # P95000052479

1. Entity Name
Q-MATIC DEL CARIBE, INC.

Principal Place of Business SW 59TH ST FL 33193	Mailing Address 179 POPLAR LN FLAT ROCK NC 28731-9513 US
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2. Principal Place of Business 10066 LEXINGTON EST BLVD Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State BOCA RATON	City & State
Zip 33428 Country USA	Zip Country

4. FEI Number 56-2080204 65-0607267	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUPO, ANGELO
 15481 SW 59TH ST
 MIAMI FL 33193

Name LUPO, ANGELO
Street Address (P.O. Box Number is Not Acceptable) 10066 LEXINGTON ESTATE BLVD
City BOCA RATON FL Zip Code 33428

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]* **BENKT BERG PRESIDENT** 1/27/00
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 P G	<input type="checkbox"/> Delete
NAME BERG, BENKT	
STREET ADDRESS 204 CLAYMOOR CT.	
CITY-ST-ZIP FLT ROCK NC 28731	
TITLE S	<input type="checkbox"/> Delete
NAME BERG, INGER	
STREET ADDRESS 204 CLAYMOOR CT.	
CITY-ST-ZIP FLT ROCK NC 28731	
TITLE VP	<input type="checkbox"/> Delete
NAME LUPO, ANGELO	
STREET ADDRESS 14343 SW 96TH TERRACE	
CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERG, BENKT	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 power like empowered.

SIGNATURE: *[Signature]* **BENKT BERG** 1/30/00 828 667 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)