

**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 <b>10066 LEXINGTON EST BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.
City & State <b>BOCA RATON</b>	City & State
Zip <b>33428</b> Country <b>USA</b>	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **56-2080204**  
~~65-0607267~~

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUPO, ANGELO**  
**15481 SW 59TH ST**  
**MIAMI FL 33193**

7. Name and Address of New Registered Agent

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 **BENKT BERG PRESIDENT** DATE **1/27/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 <b>P G</b>	<input type="checkbox"/> Delete	TITLE <b>BERG, BENKT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERG, BENKT</b>		NAME <b>BERG, BENKT</b>	
STREET ADDRESS <b>204 CLAYMOOR CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FLT ROCK NC 28731</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERG, INGER</b>		NAME	
STREET ADDRESS <b>204 CLAYMOOR CT.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FLT ROCK NC 28731</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUPO, ANGELO</b>		NAME	
STREET ADDRESS <b>14343 SW 96TH TERRACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33186</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **BENKT BERG** DATE **1/30/00** DAYTIME PHONE # **828 667 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)