

2001 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90074 041 ***150.00

DOCUMENT # P95000052479

1. Entity Name

Q-MATIC DEL CARIBE, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

10301 Lexington Estates Blvd.

Bldv.

A0036153

DO NOT WRITE IN THIS SPACE

City & State
 Boca Raton, FL

City & State

"SAME"

4. FEI Number
 56-2080204

Applied For
 Not Applicable

Zip Country
 33428 USA

Zip Country

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

LUPO, Angelo
 10066 Lexington Estates Blvd.
 Boca Raton, FL 33428

Name
 LUPO, Angelo
 Street Address (P.O. Box Number is Not Acceptable)
 10301 Lexington Estates 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 _____ DATE **3/16/01**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Money 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 (SEE 11)

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | BERG, Benkt | |
| STREET ADDRESS | 204 Claymoor Ct. | |
| CITY-ST-ZIP | Flat Rock, NC 28731 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | BERG, Inger | |
| STREET ADDRESS | 204 Claymoor Ct. | |
| CITY-ST-ZIP | Flat Rock, NC 28731 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | LUPO, Angelo | |
| STREET ADDRESS | 10066 Lexington Estates Blvd. | |
| CITY-ST-ZIP | Boca Raton, FL 33428 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|---|
| TITLE | P/S/D | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUPO, Angelo | |
| STREET ADDRESS | 10301 Lexington Estates Blvd. | |
| CITY-ST-ZIP | Boca Raton, FL 33428 | |
| 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 other files empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 (561) 218-8643

Date Daytime Phone #

CR2E034 (9/95)