

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2000 08:00 AM****Secretary of State****DOCUMENT # P95000057283****1. Entity Name**

QUITO HOLDINGS (USA), INC.

Principal Place of BusinessONE SE THIRD AVE #1400-A
SUITE 2130
MIAMI
33131

FL

Mailing AddressONE SE THIRD AVE #1400-A
SUITE 2130
MIAMI
33131

FL

2. Principal Place of Business

ONE SE THIRD AVE

3. Mailing Address

ONE SE THIRD AVE

Suite, Apt. #, etc.

SUITE 2130

Suite, Apt. #, etc.

SUITE 2130

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33131

Country**Zip**

33131

Country**4. FEI Number**

65-0599734

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COPROLITE CORPORATION

ONE SE THIRD AVE #1400-A

SUITE 2130

MIAMI

33131

FL

7. Name and Address of New Registered Agent**Name**

COPROLITE CORPORATION

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

ONE SE THIRD AVE

SUITE 2130

City

MIAMI

FL**Zip Code**

33131

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)

04/04/2000

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**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	BLASS STEPHEN A	
STREET ADDRESS	ONE SE THIRD AVE #2130	
CITY-ST-ZIP	MIAMI FL	

TITLE	PTD	<input type="checkbox"/> Delete
NAME	FRANKEL MELVIN F	
STREET ADDRESS	ONE SE THIRD AVE #2130	
CITY-ST-ZIP	MIAMI FL	

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLASS STEPHEN A		
STREET ADDRESS	ONE SE THIRD AVE #2130		
CITY-ST-ZIP	MIAMI FL	33131	

TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKEL MELVIN F		
STREET ADDRESS	ONE SE THIRD AVE #2130		
CITY-ST-ZIP	MIAMI FL	33131	

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			

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 like empowered.

SIGNATURE: STEPHEN A. BLASS

V

04/04/2000