## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P95000078710**

Country

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD

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

8362 PINES BOULEVARD, SUITE 294

PEMBROKE PINES FL 33024

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

Zip

SIGNATURE

11.

TITLE NAME

TITLE

NAME

TITLE NAME

TITLE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-7IE

CITY-ST-ZIP

## QUICK DISPATCH INT'L, INC.

343 ALMERIA AVENUE CORAL GABLES FL 33134

9. This corporation is eligible to satisfy its Intangible

SEDANO, JORGE L

Tax filing requirement and elects to do so.

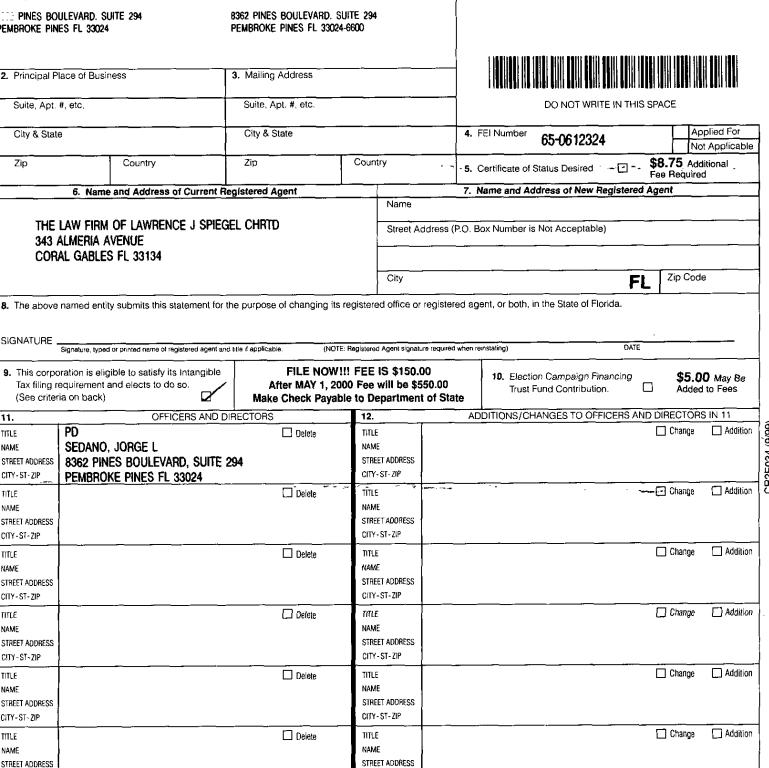
(See criteria on back)

Principal Place of Business	Mailing Address	
PEMBROKE PINES FL 33024	8362 PINES BOULEVARD. SUITE 294 PEMBROKE PINES FL 33024-6600	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

## FILED Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90110 026 \*\*\*150.00



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, w

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TĪTLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

Name

City

SIGNATURE:

Daytime Phone #