

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 93645 007 \*\*\*150.00

0191684 AV

**DOCUMENT # P960000000009**

1. Entity Name  
**QUIET TECHNOLOGY DC-8, INC.**

Principal Place of Business

**2000 N 62ND AVENUE  
 BLDG 711, SUITE 100  
 MIAMI FL 33122**

Mailing Address

**2000 N 62ND AVENUE  
 BLDG 711, SUITE 100  
 MIAMI FL 33122**

2. Principal Place of Business

**12845 NW 45 Avenue**

3. Mailing Address

**12845 NW 45 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Opalocka, FL**

City & State

**Opalocka, FL**

4. FEI Number

**65-0641616**

Applied For

**Not Applicable**

Zip

**33054**

Country

**US**

Zip

**33054**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FINE, BARRY H**

**2261 NW 67TH AVENUE**

**SUITE 214,BLDG.700**

**MIAMI FL 33122**

7. Name and Address of New Registered Agent

Name

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

**12845 NW 45 Avenue**

City

**Opalocka**

**FL**

Zip Code

**33054**

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)

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, 2002 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 **PD** ☐ Delete  
 NAME **FINE, J. FRANK**  
 STREET ADDRESS **2261 NW 67 AVE,BLDG.700,STE 214**  
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VD** ☐ Delete  
 NAME **FINE, BARRY H**  
 STREET ADDRESS **2261 NW 67 AVE,BLDG 700,STE 214**  
 CITY-ST-ZIP **MIAMI FL 33122**

TITLE **D** ☐ Delete  
 NAME **BIRBRAGHER, FERNANDO**  
 STREET ADDRESS **12845 NW 45 AVE**  
 CITY-ST-ZIP **OPALOCKA FL 33054**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **address**  
 STREET ADDRESS **12845 NW 45 Avenue**  
 CITY-ST-ZIP **Opalocka, FL 33054**

TITLE ☒ Change ☐ Addition  
 NAME **address**  
 STREET ADDRESS **12845 NW 45 Avenue**  
 CITY-ST-ZIP **Opalocka, FL 33054**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

305-687-9808

CR2E034 (9/01)