## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **P96000055431** Jan 27, 2000 8:00 am **Secretary of State** QUEST TRADING, INC. 01-27-2000 90108 015 \*\*\*150.00 Principal Place of Business Mailing Address 340 NE 212 ST. 340 NE 212 ST. N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179-1110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0676124 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERTTE, FERNANDO O Street Address (P.O. Box Number is Not Acceptable) 340 NE 212 ST. N. MIAMI BEACH FL 33179 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. \_\_\_ Addition ☐ Change **DPT** TITLE ☐ Delete GITNACHT, ADRIANA B NAME STREET ADDRESS STREET ADDRESS 340 NE 212 ST. CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Change Addition ☐ Delete TITLE TITLE BERTTE, FERNANDO O NAME NAME STREET ADDRESS STREET ADDRESS 340 NE 212 ST. CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Addition □.Delete \_ TITLE .TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 hat 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 additional management.