2001 UNIFORM BUSINESS REPORT (UBR)

Aug 29, 2001 8:00 am Secretary of State DOCUMENT # P97000050235 1. Entity Name 08-29-2001 90010 038 ***550.00 QUANTUM BIOENGINEERING? INC. Principal Place of Business Mailing Äddress 201 N. University Drive 201 N. University Drive C0075788 Suite 101 Suite 101 Plantation, FL 33324 Plantation, FL 33324 2. Principal Place of Business 3. Mailing Address S. Biscayne Blvd. Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite 3400 City & State 4. FEI Number Applied For City & State Miami, Florida 65-6 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33131 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ~ Name Valdes-Fauli-Corporate Services, Inc. 2 S. Biscayne Blvd., Suite 3400 Street Address (P.O. Box Number is Not Acceptable) Miami, Florida 33131 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P/D Addition TITLE ☐ Change ☐ Defete TITLE NAME Mena, Raul R. NAME STREET ADDRESS 201 N. University Drive, Ste 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Plantation, Florida 33324 Change Addition ☐ Delete NAME Mena, Sara STREET ADDRESS STREET ADDRESS 201 N. University Drive, Ste 101 CITY - ST - ZIP CITY-ST-ZIP <u>Plantatión, Florida 33324</u> ☐ Addition TITLE Change ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

Raul R. Mena

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

FILED