2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050235

1. Entity Name
QUANTUM BIOENGINEERING, INC.

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90324 045 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
201 N. UNIVERSITY DRIVE SUITE 101 PLANTATION FL 33324	2 S BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt # etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0879100 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL 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 ...)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See instructions 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MENA, RAUL R 201 N UNIVERSITY DRIVE STE 101 PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MENA, SARA 201 N UNIVERSITY DRIVE STE 101 PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: SARA MENA 4.29.02 305 376-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR