

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051363

Entity Name
Quest Adventure Productions Inc.

Principal Place of Business **Mailing Address**

Principal Place of Business
7355 N. W. 41 St.
Suite, Apt. #, etc.

3. Mailing Address
7355 N.W. 41 St.
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip **Country**
33166 Dade

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90001 039 ***150.00

952519

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0763087 **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
Hoban, Chie K.
7355 N.W. 41 St.
Miami, FL 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

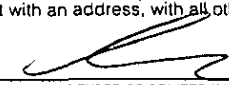
SIGNATURE  **Chie K. Hoban, Treasrer** **4/20/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00. After MAY 1, 2000 Fee will be \$550.00. Make Check Payable to Department of State**

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD Bendell, Leonard <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Harvey S. Tolin 7355 N.W. 41 St. Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
SD Caroll, Christiana <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD 7355 N.W. 41 St. Miami, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TD Hoban, Chie-Kyoung 7355 N.W. 41 St. Miami, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  **Hoban, Chie-Kyoung, Treasurer 4/20/00 (305)718-9831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)