2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90007 012 ***150.00

DOCUMENT # P97000070712

G. Q. Transmission Corporation

600 NW 22nd Ave
MIAMI-FL 33125

Mailing Address
600 NW 22nd Avenue
MIAMI-FL 33125

320005762980

2. Principal Place of Business | 3. Mailing Address

Suite, Apt #, etc. | Suite, Apt #, etc.

City & State | City & State

Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 08/14/97 65-0773888

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

6. Name and Address of Current Registered Agent

QUINTANA, GABRIEL
600 NW 22nd Avenue
MIAMI-FL 33125

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 x [signature]

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, 2000 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

11. Officers and Directors		12. Additions/Changes	
D QUINTANA, GABRIEL 600 NW 22nd Ave MIAMI-FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: x [signature] 4/28/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date