## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

**DOCUMENT #** 

P97000081339

1. Entity Name QUESCO, INC.



## **FILED** Feb 18, 2003 8:00 am Secretary of State 02-18-2003 90108 038 \*\*\*150.00

Principal Place of Business C/O LOCUST GARDENS GP 1133 S UNIVERSITY DR PLANTATION FL 33324		100 NE 3RD AVE #280	C/O CHARLES D BRECKER. KATZ BARRON ET AL 100 NE 3RD AVE #280 FORT LAUDERDALE FL 33301						
2. Principal P	Place of Business	3. Mailing Address				(  #	D4   1 <b>4    1</b>   1	18 1811 B 5811 1861	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State	City & State		<b>4</b> , F	65-0817873		pplied For ot Applicable	
Žip Country		Zip	Country		5. (		\$8.75 Additional Fee Required		
	6. Name and Address of Curr	ent Registered Agent	1		7. N	Name and Address of New Registered Ag	ent		
		مرد د پ <u>د</u> نسته د د پر	- ·	Name	~		-	٠.	
CORPCO, INC. (1) (2) (2) (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				Street Address (P.O. Box Number is Not Acceptable)					
7TH FL									
MIAMI FL 33133				City		FL.	Zip Cod	de	
9 The above	named ontity submits this statemen	at for the purpose of changing	ita ragiatar	od office or regi	istored ea	ent, or both, in the State of Florida. I am far	niliar with	and accept	
	tions of registered agent.	it for the purpose of changing	its register	ed office of regi	stereu ag	ent, or both, in the State of Florida. Taimai	IIIIai Wilii	, and accept	
·	5				•				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (N	OTE: Registere	ed Agent signature req	quired when re	sinstating) DATE		<del></del>	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	<b>I</b>				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	>OFFICERS A	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND D	IRECTOR	RS IN 11	
TITLE	D (5.7)	☐ Delete	TITL	E		[	Change	☐ Addition	
NAME	GIETTER, MICHAEL		NAM	1E			_	_	
STREET ADDRESS	5955 DESOTO AVE #149		STR	EET ADDRESS   19	725	SHERMAN WAY #16	9		
CITY-ST-ZIP	WOODLAND HILLS CA-91367	•	CITY	/-ST-ZIP	AJOG	GA PARK, CA. 91301	á		
TITLE	D	☐ Delete	TITL	E			Change	☐ Addition	
NAME	GIETTER, EVELYN		NAM	AE .		101-01-11 A			
STREET ADDRESS	5955 DESOTO AVE #149		STRI	EET ADDRESS   19	1725	SHERMAN WAY 12/65			
CITY-ST-ZIP	WOODLAND HILLS CA-91367	<b>-</b>	- CITY	r-ST-ZIP	CANO	GA PARK, CA. 9131	96		
TITLE	الأراج المعادية المعادية المعادية المعادية	☐ Delete	TITL	E		SHERMAN WAY #16 GA PARK, CA. 91301 SHERMAN WAY #160 GA PARK, CA. 9131	Change	Addition	
NAME CTREET ADDRESS				EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • • •	-ST-ZIP					
TITLE		☐ Delete	TITL			l	Change	☐ Addition	
NAME			NAM STDI	l l					
STREET ADDRESS - CITY-ST-ZIP				EET ADDRESS (-ST-ZIP					
· UIII-31-4IP	l '		■ UII	-31-41					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

☐ Delete

☐ Delete

1818) 882-6012

☐ Change

□ Change

☐ Addition

☐ Addition