

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 03, 2000 8:00 am**
Secretary of State

08-03-2000 90035 025 ***550.00

DOCUMENT # P97000084528

1. Entity Name

QUINTON CORPORATION, INC.

Principal Place of Business

**820 OCEAN DRIVE
MIAMI BEACH FL 33139**

Mailing Address

**10340 NW 46TH TERR
MIAMI FL 33178
US****A0071105**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8475 SW 53 Avenue

Suite, Apt. #, etc.

City & State
MIAMI, FLZip
33143Country
Miami-Dade4. FEI Number **65-0790750**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LARIOS, CARMEN
10340 NW 46TH TERR
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

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

8475 SW 53 AvenueCity
Miami, FL**FL**Zip Code
33143

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	LARIOS, QUINTON	
STREET ADDRESS	10340 NW 46TH TERR	
CITY-ST-ZIP	MIAM FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARIOS, MARIA T	
STREET ADDRESS	10340 NW 46TH TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARIOS, CARMEN	
STREET ADDRESS	10340 NW 46TH TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARIOS, JORGE	
STREET ADDRESS	10340 NW 46TH TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8475 SW 53 Avenue	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8475 SW 53 Avenue	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8475 SW 53 Avenue	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	8475 SW 53 Avenue	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: **MARIA T. LARIOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00

Date

Daytime Phone #

CR2E034 (5/00)