## **2001 UNIFORM BUSINESS REPORT (UBR)** Feb 01, 2001 8:00 am DOCUMENT # P97000084528 **Secretary of State** QUINTON CORPORATION, INC. 02-01-2001 90155 011 \*\*\*150.00 Principal Place of Business Mailing Address 820 OCEAN DRIVE 8475 SW 53RD AVENUE MIAMI BEACH FL 33139 MIAMI FL 33143 A0018240 2.~Principal Place of Business 3. Mailing Address 705 W. AGUERSuite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0790750 Mour Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARIOS, CARMEN Street Address (P.O. Box Number is Not Acceptable) 8475 SW 53RD AVENUE **MIAMI FL 33143** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE:NOW!!!=FEE:IS:\$150:80 9.-This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change Addition LARIOS. QUINTON NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33143** TITLE ☐ Delete TITLE ☐ Change Addition LARIOS, MARIA T NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAM! FL 33143** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition LARIOS, CARMEN NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition LARIOS, JORGE NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP TITLE ----☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied that 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 receive or trustee empowered to execute his 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: