2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90105 002 € P97000084528 DOCUMENT # 1. Entity Name QUINTON CORPORATION, INC. Mailing Address Principal Place of Business 8475 SW 53RD AVENUE 7705 W FLAGLER **MIAMI FL 33143** MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0790750 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LARIOS, CARMEN. Street Address (P.O. Box Number is Not Acceptable) 8475 SW 53RD AVENUE MIAMI FL 33143 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 ~ Tax filing requirement and elects to do so. 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 DIRE 11. 12. ☐ Addition TITI F Delete TITLE LAMOS, GUÍNTIN LARIOS, QUINTON NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE LARIOS, MARIA T NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-MIAMLEL 33143_ CITY-ST-ZIP ☐ Delete TITLE ☐.Addition. TITLE LARIOS, CARMEN NAME NAME 8475 SW 53RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change ☐ Addition TITLE ☐ Delete TITLE LARIOS, JORGE NAME NAME STREET ADDRESS 8475 SW 53RD AVENUE STREET ADDRESS **MIAMI FL 33143** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attacking with an address, with all other like empowered.