Country   Zip   Country   Zip   Country   Zip   Country   S.175   Country   S.175   Additional Fee Required		UNIFORM BUSI	<del>-</del>	FILED							
MIANE   PL   MIA	1. Entity Name	e	1091003								
2. Principal Place of Business   3. Mailing Address of State   1.02	QUALITY INN	& SUITES	•							-	
Surie, Apt. 8, etc.   Suite		FL		07	FL						
City & State	2. Principal Pi	ace of Business									
Additional	·	·	1		-		DO NOT WE	RITE IN THIS SI	PACE	 	_
SIGNATURE F. JOAQUIN VALDES SEGNATURE OFFICERS AND DIRECTORS  1. OFFICERS  1. OFFICERS AND DIRECTORS  1. OFFICERS  1. OFF			MIAMI	<u> </u>					N	pplied For ot Applicable	]
1. Name and Address of Current Registered Agent	ZIP	Country	· ·	Coun	try	5.	Certificate of Status Desired				
VALIDES	-	6. Name and Address of Current F	Registered Agent			7.	Name and Address of New				
SIGNATURE  F. JOAQUIN VALDES  Speakure, types or previous framed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  F. JOAQUIN VALDES  Speakure, types or previous rame of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  F. JOAQUIN VALDES  Speakure, types or previous rame of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  F. JOAQUIN VALDES  Speakure, types or previous rame of entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  OATE					VALDES Street Add	iress (P.O. I	Box Number is Not Acceptab	ole)		<u> </u>	
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  F. JOAQUIN VALDES  Sprallur, highest or prised raise of impliations appar and the # applicable.  9. This corporation is elligible to satisfy its Intangible Tax filling requirement and elects to do so., (See criteria on back)  10. The Registered Agent signature required when einstating)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make  13. After MAY (7.2001 Fee'will be \$550.00 Trus Fund Contribution.  14. OFFICERS AND DIRECTORS  15. Added to Fee Will be \$550.00 Trus Fund Contribution.  15. Added to Fee Will be \$550.00 Trus Fund Contribution.  16. Election Campaign Financing Trus Fund Contribution.  17. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  18. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  19. Election Campaign Financing Trus Fund Contribution.  10. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  10. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  10. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  10. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  10. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  11. Corporation Added to Fee Will be \$550.00 Trus Fund Contribution.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE STREET ADDRESS CITY-ST-2P Trus Fund Contribution.  13. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  14. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  15. After MAY (7.2001 Fee'will be \$550.00 Trus Fund Contribution.  16. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  17. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  18. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  19. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  19. Change Added to Fee Will be \$550.00 Trus Fund Contribution.  19. Change Added			L			6			Zin Cor	le	
SIGNATURE    F. JOAQUIN VALDES   Separature, typed or printed rame of registered agent and title if applicable. (NOTE Registered Agent algorit whon relocation):   OA/2 6/2001	C. The chaus				MIAMI				, .		_
11.	9. This corpor	Sgnature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	nd title if applicable. (NOTE: FILE NOW!!! After MAY 1, 200	FEE 1 Fee	IS \$150.00 will be \$55	0.00	10. Election Campaign F	DATE	\$5.0		
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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 direction 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 changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:	of the corp changed,	on this report of suppliermental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report a vith all other like empowered.	/ signat s requir	ure shall hav ed by Chapi	e the same er 607, Flor	legal effect as if made under ida Statutes; and that my nai   04/26/2001	r oath; that I an me appears in	n an officer Block 11 o	or director	

Date

Daytime Phone #