

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015068

1. Entity Name

QUORUM CORPORATION

FILED

01 JUL 25 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2655 LE JEUNE RD

SAME

SUITE 615

CORAL GABLES, FL

33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

65-1020260

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAFAEL HIDALGO

Name

RAFAEL HIDALGO

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

2655 LE JEUNE RD.

SUITE 615

City

Coral Gables

FL

Zip Code

33134

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 RAFAEL HIDALGO

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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 PRESIDENT ☐ Delete

NAME Rafael Hidalgo

STREET ADDRESS 2655 Le Jeune Rd. Suite 615

CITY-ST-ZIP Coral Gables, FL 33134

TITLE SECRETARY ☐ Delete

NAME Rafael Hidalgo

STREET ADDRESS 2655 Le Jeune Rd. Suite 615

CITY-ST-ZIP Coral Gables, FL 33134

TITLE VICE PRESIDENT ☐ Delete

NAME Rafael Hidalgo

STREET ADDRESS 2655 LE JEUNE RD. Suite 615

CITY-ST-ZIP Coral Gables, FL 33134

TITLE TREASURER ☐ Delete

NAME Rafael Hidalgo

STREET ADDRESS 2655 Le Jeune Rd. Suite 615

CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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: RAFAEL HIDALGO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 17, 2001

Date

(305)

Daytime Phone #

CR2E034 (11/00)