

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90073 025 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000015068
1. Entity Name QUORUM CORPORATION

Principal Place of Business 2655 LE JEUNE ROAD STE. 615 CORAL GABLES FL 33134	Mailing Address 2655 LE JEUNE ROAD STE. 615 CORAL GABLES FL 33134
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2. Principal Place of Business 2201 Brickell Ave Suite, Apt. #, etc. Apt. 96 City & State Miami, FL Zip 33129 Country USA	3. Mailing Address 2201 Brickell Ave. Suite, Apt. #, etc. Apt. 96 City & State Miami, FL Zip 33129 Country USA
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4. FEI Number 65-0812120	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIDALGO, RAFAEL 2655 LE JEUNE ROAD STE. 615 CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL
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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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT HIDALGO, RAFAEL 2655 LE JEUNE ROAD, STE. 615 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT HIDALGO, RAFAEL 2201 Brickell Ave. Apt. 96 Miami, FL 33129 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED **Feb, 05 2002** (305) 448 9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)