

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90030 005 \*\*\*150.00

**DOCUMENT # P98000027875**

**1. Entity Name**  
**QUIROS, INC.**

**Principal Place of Business**  
**5467 FRIARSWAY DR.**  
**TAMPA FL 33624**

**Mailing Address**  
**5467 FRIARSWAY DR.**  
**TAMPA FL 33624**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3502612**

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**

**LUM-QUIROS, BERTILDA**  
**5467 FRIARSWAY DR.**  
**TAMPA FL 33624**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.**

**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.** ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> <b>LUM-QUIROS, BERTILDA</b> <b>5467 FRIARSWAY DR.</b> <b>TAMPA FL 33624</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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:**

*BIGLUM-QUIROS, BERTILDA*  
 July 11/02 813-908-1402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000027875**

Entity Name  
**LUM-QUIROS, INC.**

Local Place of Business  
**5467 FRIARSWAY DR.  
TAMPA FL 33624**

Mailing Address  
**5467 FRIARSWAY DR.  
TAMPA FL 33624**

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number **59-3502612**

Applied For  
Not Applied For

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**LUM-QUIROS, BERTILDA  
5467 FRIARSWAY DR.  
TAMPA FL 33624**

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. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 15, 2002, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LUM-QUIROS, BERTILDA 5467 FRIARSWAY DR. TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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*Attachment  
38758*



DO NOT WRITE IN THIS SPACE

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Attachment P98000027875

BETTY'S TOURS & SERVICES  
P.O. BOX 272605  
TAMPA, FL 33688

THE BANK OF TAMPA  
ARMENIA OFFICE  
TAMPA, FLORIDA 33603  
83-868-631

336446

1066

2/18/2002

PAY TO THE  
ORDER OF

FLORIDA DEPARTMENT OF STATE

One Hundred Fifty and 00/100\*\*\*\*\*150.00\*\*\*\*\*

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314

DOLLARS

140445437 0745 0745 27 03-20-02

Details on back  
Security Features included.

MEMO

TRAVEL REGISTRATION NUMBER P98000027875

001066 063108680

11110155

0000015000

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT.# 1009068796

MAR 05 2002

DO NOT WRITE, STAMP OR SIGN BELOW THIS  
LINE. ANY MARKS MADE HEREON WILL  
BE CONSIDERED VOID.

2099 96017

MAR 19 02

6740424106  
03/19/02  
BANK OF AMERICA, N.A.  
10630000474 13308 98 P.10

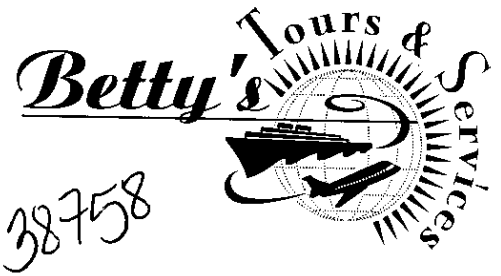
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PS 11  
The security features listed below, as well as those not listed, are in accordance with industry guidelines.  
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• White mark appears when erased.  
• Absence of "Original Document" watermark on back of note.  
Security Features:  
• Chemically Sensitive Paper  
• Erasure Free Ink  
• Security Thread

Attachment P98000027875

5467 Friarsway Drive  
Tampa, Florida 33624

Telephone (813) 908-1400  
Fax (813) 960-8019  
E-mail: bettyyq@gte.net



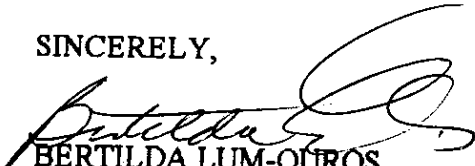
To: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RE: QUIROS INC.(P9800027875)

To Whom It May Concern:

ENCLOSED PLEASE FIND COPY OF CHECK OF 150.00 WITH APPLICATION  
SEND ON THE MONTH OF FEB/02 WE RECEIVED THE PAPER WORK BACK  
LATE FEB/02 BECAUSE WAS MISSING SIGNATURE IN WHICH SEND IT BACK  
IN THE MONTH MAR/02. WE RECEIVED A NEW APPLICATION WITH  
ANOTHER FEE . PLEASE REVIEW YOU FILE AND CALL US AS SOON AS  
POSSIBLE.

SINCERELY,

  
BERTILDA LUM-QUROS  
MANAGER