954-435-5353

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P98000032535 QUOTING & PURCHASING SERVICES, INC. 04-10-2001 90071 048 ***163.75 Principal Place of Business Mailing Address 9000 SHERIDAN STREET - STE. NO. 164 9000 SHERIDAN STREET - STE. NO. 164 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 739353 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 65-0828548 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 巫 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLASOS PATRICIA CASOS, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 16333 SW 11TH ST. PEMBROKE PINJES FL 33027 1000 ST. CHARLES PL. APT. # 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE CASOS FERNANDO P NAME CASOS, FERNANDO P NAME 1000 ST. CHARLES PL. APAT # 601 STREET ADDRESS STREET ADDRESS 16333 SW 11TH ST. PEMBROKE PINES, FZ 33026 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 UPS ☐ Addition TITLE TITLE ☐ Delete CASOS PATRICIA NAME CASOS, PATRICIA NAME 1000 ST. CHARLET PL. APT # 60V STREET ADDRESS STREET ADDRESS 16333 SW 11TH ST. PEMBLOKE PINES FZ 33026 CITY-ST-ZIP CITY:ST-ZIP PEMBROKE PINES FL 33027 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver of the 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 vith all other like empowered.

F.P. CASOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _