

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055555

1. Entity Name

Q 31 CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90112 023 ***150.00

Principal Place of Business

Mailing Address

110 ROYAL PALM ROAD
APT. #216
HIALEAH GARDENS FL 33016

110 ROYAL PALM ROAD
APT. #216
HIALEAH GARDENS FL 33016-4606

2. Principal Place of Business

12954 S.W. 20 TERRA

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLA.

City & State

4. FEI Number

65-0850053

Applied For

Not Applicable

Zip

33175

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, RAFAEL
110 ROYAL PALM ROAD
APT. #216
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

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

12954 S.W. 20TH TERRACE

City

Miami

FL

Zip Code

33175

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 1, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	QUINTERO, RAFAEL	
STREET ADDRESS	110 ROYAL PALM ROAD	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTERO, REINALDO	
STREET ADDRESS	12954 S.W. 20TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)