2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90308 027 ***150.00

✓ B0092798

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000019051

Entity Name

IPQUEST CORP

Principal Place of Business	Mailing Address
N. E. 191ST ST. 8 FL 33180	2999 N. E. 191ST ST. PH 8 AVENTURA FL 33180-3117

Principal Place of Business		3. Mailing Address	
3001 W. HALLANDALE BCH BLVD		3001 W. HALLANCE BCH BLVD	
Suite, Apt. #, etc. 3RD FLOOR		Suite, Apt. #, etc. 3RD FLOOR	
City & State HALLANDALE, FL		City & State HALLANDALE	
Zip 33009	Country USA	Zip 33009	Country USA

4. FEI Number 65-0908866 — 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
DEL MEDICO, REBECCA J ESQ. 14 TARA LAKES DRIVE EAST BOYNTON BEACH FL 33436	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.

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	CEOP ☒ Delete	TITLE	PRES ☐ Change ☒ Addition
NAME	PEREIRA, CAMILO	NAME	WAINER, CHARLES
STREET ADDRESS	2999 N. E. 191ST ST./PH 8	STREET ADDRESS	2534 NE 206 TERRACE
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	MIAMI FL 33180
TITLE	VP/S ☒ Delete	TITLE	COO ☐ Change ☒ Addition
NAME	PEREIRA, MAXINE	NAME	MAGILL, THOMAS
STREET ADDRESS	2999 N. E. 191ST ST./PH 8	STREET ADDRESS	3301 SO OCEAN BLVD #306
CITY-ST-ZIP	AVENTURA FL 33180	CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	☐ Delete	TITLE	CFO ☐ Change ☒ Addition
NAME		NAME	SCAFIDI, JOHN
STREET ADDRESS		STREET ADDRESS	8760 SW 192 STREET
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33157
TITLE	☐ 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	
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 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: Thomas K. Magill THOMAS K. MAGILL 04/27/00 954-457-09