

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90043 009 ***150.00

DOCUMENT # P99000060872

1. Entity Name

NCQ INTERIORS, INC.

Principal Place of Business

Mailing Address

2457A S. HIAWASSEE RD., PMB 248
 ORLANDO FL 32835

2457A S. HIAWASSEE RD., PMB 248
 ORLANDO FL 32835-6619

00010353



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#510

City & State

City & State

Miami FL

4. FEI Number

59-3586641

Applied For

Not Applicable

Zip

Country

33180

Country

USA

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

QUINTERO, NHORA C
2457A S. HIAWASSEE RD., PMB 248
ORLANDO FL 32835

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 **D** Delete
 NAME **QUINTERO, NHORA**
 STREET ADDRESS **2457A S. HIAWASSEE RD., PMB 248**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000
 Date

(305) 466-3391
 Daytime Phone #

CR2E034 (9/99)