FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99 000067244

1. Entity Name

Quantix International Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2944 N.W. 72 Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State Miami Florida

City & State

Zip 33122   Country USA

Zip   Country

20005365
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937528
☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name Ruben Estupinan.

Street Address (P.O. Box Number is Not Acceptable)
2944 NW 72 Ave

City Miami   **FL** Zip Code 33122

DO NOT WRITE IN THIS SPACE

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 X _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/9/03

January 1-May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE President/Director	TITLE	
NAME Ruben Estupinan	NAME	
STREET ADDRESS 2944 NW 72 Ave	STREET ADDRESS	
CITY-ST-ZIP Miami FL 33122	CITY-ST-ZIP	
TITLE Secretary/Director	TITLE	
NAME Claudia Liliana Moreno	NAME	
STREET ADDRESS 2944 NW 72 Ave	STREET ADDRESS	
CITY-ST-ZIP Miami FL 33122	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
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CITY-ST-ZIP	CITY-ST-ZIP	

12. 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 10 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 1/9/03   Daytime Phone #