Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 26, 2001 8:00 am DOCUMENT # P9900079252 **Secretary of State** QUASAR POINT GROUP, CORP. 02-26-2001 90512 015 \*\*\*150 00 Principal Place of Business Mailing Address 17880 N.E. 31 COURT #2108 17880 N.E. 31 COURT #2108 AVENTURA FL 33160 **AVENTURA FL 33160** 2. Principal Place of Business 3. Mailing Address MOLLANDOLE BOX 2500 HALLANDIGE BEH BLUI 2500 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0946717 HALLANDALA HALLANDALE FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33,009 BrowARD BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANCHEZ, CAMILO SANCHEZ, CAMILIO F Street Address (P.O. Box Number is Not Acceptable) 17880 N.E. 31 COURT #2108 **AVENTURA FL 33160** 2500 HALLANDAGE BEACH DLW # 707B 8. The above named entity subm sthis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition SANCHEZ, CAMILO F SANCHEZ CAMILOF. NAME NAME 2500 HALLANDALE BOH BLUD 17880 N.E. 31 COURT #2108 STREET ADDRESS STREET ADDRESS HALLANDAGE, FL 33009 **AVENTURA FL 33160** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE VPSD 1 - etiange HENNESSEY, ROSAURA HENNESSEY, ROSAURA 2500 HALLONDOUR POCH BLUD NAME NAME 17880 N.E. 31 COURT #2108 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33160** CITY-ST-ZIP CITY-ST-ZIP HALLANDAGE, FL 33009 TITLE Delete . ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this fling 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 trustee amplowed 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. 13. I hereby certify that the information supplied with