

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90286 013 ***150.00

DOCUMENT # P99000079252

1. Entity Name
QUASAR POINT GROUP, CORP.

Principal Place of Business
2500 HALLANDALE BEACH BLVD.
707-B
HALLANDALE FL 33009

Mailing Address
2500 HALLANDALE BEACH BLVD.
707-B
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17600 Collins Avenue
 Suite, Apt. #, etc.

3. Mailing Address
17600 Collins Avenue
 Suite, Apt. #, etc.

City & State
Sunny Isles, Florida
Zip **33160**
Country **Miami-Dade**

City & State
Sunny Isles, Florida
Zip **33160**
Country **Miami-Dade**

4. FEI Number **65-0946717**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, CAMILIO F
2500 HALLANDALE BEACH BLVD., #707-8-B
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **Sanchez, Camilo F.**
Street Address (P.O. Box Number is Not Acceptable)
17600 Collins Avenue
City **Sunny Isles** **FL** **Zip Code** **33160**

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SANCHEZ, CAMILO F 2500 HALLANDALE BEACH BLVD HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HENNESSEY, ROSAURA 2500 HALLANDALE BEACH BLVD HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Sanchez, Camilo F. 17600 Collins Avenue Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Hennessey, Rosaura 17600 Collins Avenue Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02
 Date

Daytime Phone #

CR2E034 (9/01)