2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000087669 Feb 29, 2000 8:00 am **Secretary of State** QUOTELLER.COM CORP. 02-29-2000 90109 033 ***150.00 Mailing Address Principal Place of Business 1450 BRICKELL BAY DRIVE #2015 1450 BRICKELL BAY DRIVE #2015 MIAMI FL 33131-3664 MIAMI FL 33131 O I A V V V 3. Mailing Address 33 Samana 2. Principal Place of Business Drue 33 Samana DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65 095 City & State City & State Not Applicable 19/1 Country USA \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent OTERO, CRISTINA Street Address (P.O. Box Number is Not Acceptable) 1450 BRICKELL BAY DRIVE #2015 MIAMI FL 33131 City Miami 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE Cortes, Nicolas Drive 33 Samana Drive Miami, FL 33133 CORTES. NICOLAS NAME NAME change only STREET ADDRESS STREET ADDRESS 1450 BRICKELL BAY DRIVE #2015 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Addition ☐ Delete TITLE TITLE **ELLEK, ANTONIO** NAME NAME 1450 BRICKELL BAY DRIVE #2015 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** TITLE ☐ Delete TITLE OTERO, CRISTINA NAME NAME 1450 BRICKELL BAY DRIVE #2015 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000

(305)856-0230

Daytime Phone #