

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90191 040 ***150.00

DOCUMENT # P99000098074

1. Entity Name
MAINFRAME CONFIDENTIAL SERVICES CORP.

Principal Place of Business
651 NW 82 AVE. SUITE 110E
MIAMI FL 33126

Mailing Address
PO BOX 655058
MIAMI FL 33256-5058

2. Principal Place of Business
651 NW 82 AVE
 Suite, Apt. #, etc.
110E

3. Mailing Address
P.O. Box 655058
 Suite, Apt. #, etc.
1

City & State
MIAMI, FL

City & State
MIAMI FLORIDA

Zip
33126 Country
DADE

Zip
33265-5058 Country
DADE

4. FEI Number **65-0942208**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

QUIJANO, JOSE A
651 NW 82 AVE, SUITE 110E
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **JOSE A. QUIJANO**
 Street Address (P.O. Box Number is Not Acceptable)
651 NW 82 AVE APT 110
 City **MIAMI** FL **33126**

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 **JOSE A. QUIJANO** **4/25/02**
 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, 2002 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

TITLE **VD** ☒ Delete
 NAME **QUIJANO, PRIMITIVO A**
 STREET ADDRESS **651 NW 82 AVE, SUITE 110**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PD** ☐ Delete
 NAME **QUIJANO, JOSE A**
 STREET ADDRESS **651 NW 82 AVE, SUITE 110**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☐ Addition
 NAME **JOSE A. QUIJANO**
 STREET ADDRESS **651 NW 82 AVE 110**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
 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: **JOSE A. QUIJANO** **4/25/02** **(305) 267-6677**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)