

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

FORM 1 AV

03-06-2002 90122 048 \*\*\*150.00

**DOCUMENT # S63605**

1. Entity Name  
**QUIROS INTERNATIONAL, INC.**

Principal Place of Business Mailing Address  
**540 BRICKELL KEY DR., APT. 1523 MIAMI FL 33131** **540 BRICKELL KEY DR., APT. 1523 MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **111 NE 1st Street**  
 Suite, Apt. #, etc. **4th Floor**  
 City & State **Miami, FL**

3. Mailing Address **111 NE 1st Street**  
 Suite, Apt. #, etc. **4th Floor**  
 City & State **Miami, FL**

4. FEI Number **65-0281238**  
 Applied For  Not Applicable

Zip **33132-2501** Country **Dade** Zip **33132-2501** Country **Dade**

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

6. Name and Address of Current Registered Agent  
**QUIROS, ARIEL IVAN**  
~~**540 BRICKELL KEY DR., APT. 1523 MIAMI FL 33131**~~  
**111 NE 1st Street**  
**Miami FL**  
**33132-2501**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PSTD</b> <input type="checkbox"/> Delete
NAME	<b>QUIROS, ARIEL</b>
STREET ADDRESS	<del><b>540 BRICKELL KEY DRIVE, APT. 1523</b></del>
CITY-ST-ZIP	<del><b>MIAMI FL</b></del>
TITLE	<input type="checkbox"/> Delete
NAME	<b>111 NE 1st Street</b>
STREET ADDRESS	<b>Miami, FL 33132-2501</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ariel I Quiros** **President** **1/30/02 (305) 579-9081**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)