2003 FOR PROFIT CORPORATION

Mailing Address

705 ARVIDA PARKWAY

CORAL GABLES FL 33156

UNIFORM BUSINESS REPORT (UBR) V42518

Principal Place of Business

705 ARVIDA PARKWAY

CORAL GABLES FL 33156

DOCUMENT # 1. Entity Name GQI GENEVA QUARTZ, INC.



FILED May 30, 2003 8:00 am 5 Secretary of State 05-30-2003 90092 022 ***550.00

03-30-2003 3003.

-							
2. Principal Place of Business		3. Mailing Address		\$ BB\$ B \$ \$1819 \$1821 \$\$ B	Minut minut minut minut minut ihab		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0352609	FEI Number 65-0352609 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
		<u>-</u>	Name		 ;		
SAEDI, HAMID REZA			Charact Address	Chart Address (D.C. Chart Line)			
705 ARVIDA PARKWAY			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	SABLES FL 33156						
OOI UIE	WIELES I E GO 100						
			City	·	Zip Code		
8. The abov	e named entity submits this statement	for the purpose of changing its	registered office or regi	istered agent, or both, in the State of Florida. I ar	n familiar with, and accept		
the obliga	itions of registered agent.		-	-			
DIONIATURE							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT)	E: Registered Agent signature rec	quired when reinstating) DATE			
	FILE NOW!!! FEE IS \$150.00						
	rice NOW!!! FEE 15 \$150.00 or May 1, 2003 Fee will be \$550.00	n		Election Campaign Financing	\$5.00 May Be		
	k Payable to Florida Department			Trust Fund Contribution.	Added to Fees		
10		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11		
TITLE &	ID STREET	□ Delete	TITLE	ADDITIONA, OF IARAGES TO OF TOETION	☐ Change ☐ Addition		
NAME :	SAEDI, FARAJOLLAH	□ Delete	NAME		C change C Notation		
STREET ADDRESS	705 ARVIDA PARKWAY		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP				
TITLE . 3	1	Delete	TITLE		☐ Change ☐ Addition		
NAME		□ Delete	NAME		Change Accition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	1		CITY-ST-ZIP	ч			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	1	— 50000	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

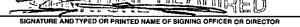
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



Delete

Change

☐ Addition