

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005105

**Entity Name:** QUOTA INTERNATIONAL OF PLANTATION, INC.**Current Principal Place of Business:**790 SW 164TH AVENUE  
PEMBROKE PINES, FL 33027**Current Mailing Address:**790 SW 164TH AVENUE  
PEMBROKE PINES, FL 33027 US**FEI Number: 52-1973460****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADLER, ELINOR  
790 SW 164TH AVENUE  
PEMBROKE PINES, FL 33027 US*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:** ELINOR ADLER

03/19/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | PD                      |
| Name            | ADLER, ELINOR           |
| Address         | 790 SW 164TH AVENUE     |
| City-State-Zip: | PEMBROKE PINES FL 33027 |

|                 |                     |
|-----------------|---------------------|
| Title           | VD                  |
| Name            | NAIDUS, CLAUDIA     |
| Address         | 7004 NW 79TH STREET |
| City-State-Zip: | TAMARAC FL 33321    |

|                 |                          |
|-----------------|--------------------------|
| Title           | TD                       |
| Name            | BURNSIDE, KAREN          |
| Address         | 1811 E. OAK KNOLL CIRCLE |
| City-State-Zip: | DAVIE FL 33324           |

|                 |                        |
|-----------------|------------------------|
| Title           | SD                     |
| Name            | REYES, ELAINE          |
| Address         | 12660 MAGNOLIA CT      |
| City-State-Zip: | CORAL SPRINGS FL 33071 |

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | KALISH, CONSTANCE        |
| Address         | 7708 MARGATE BLVD<br>5-3 |
| City-State-Zip: | MARGATE FL 33063         |

|                 |                  |
|-----------------|------------------|
| Title           | D                |
| Name            | BRAMSON, GAYLE   |
| Address         | 5231 NW 99TH AVE |
| City-State-Zip: | SUNRISW FL 33351 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN BURNSIDE**TREASURER**

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date