## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED

AME OF SIGNING OFFICER OF DIRECTOR

## FILED **DOCUMENT # L33107** Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** QED ENGINEERING, INC. 01-22-2000 90010 034 \*\*\*150.00 Mailing Address Principal Place of Business 3901 SW 47 AVE 3901 SW 47 AVE STF 402 STE 402 FT LAUDERDALE FL 33314-2815 FT LAUDERDALE FL 33314 003404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1654497 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, JOHN H Street Address (P.O. Box Number is Not Acceptable) 3901 S W 47TH AVE 402 FT LAUDERDALE FL 33312 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) 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition 🗹 Delete TITLE TITLE BROWN, JOHN H. NAME NAME 13970 SW 21ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Addition DSVP ☐ Change ☐ Delete TITLE GREENBERG, ARTHUR H. NAME NAME STREET ADDRESS 7241 SW 6TH ST STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP PDT ☐ Change Addition ☐ Delete TITLE BROWN, JOHN H NAME NAME STREET ADDRESS 5 MENDOTO LANE STREET ADDRESS SEA RANCH LAKES FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 3 (3) 1 (13) AF 3 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.