

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90172 006 \*\*\*158.75

0372840 AV

**DOCUMENT # P00000069179**

1. Entity Name  
**SER-Q-PRO, INC.**



Principal Place of Business  
~~8580 NW 36TH ST~~  
~~208~~  
~~SUNRISE FL 33351~~

Mailing Address  
~~8580 NW 36TH ST~~  
~~208~~  
~~SUNRISE FL 33351~~

2. Principal Place of Business  
**12555 ORANGE DR.**  
Suite, Apt. #, etc.  
**255**


3. Mailing Address  
**12555 ORANGE DR.**  
Suite, Apt. #, etc.  
**255**

City & State  
**DAVIE FLA**

City & State  
**DAVIE FLA**

Zip  
**33330**

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1030389** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**VELASQUEZ, LUIS I**  
**8580 NW 36TH ST**  
**SUITE 208**  
**SUNRISE FL 33352**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>VELASQUEZ, LUIS I</b> <b>8580 NW 36TH ST., STE 208</b> <b>SUNRISE FL 33352</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>12555 ORANGE DR. #255</b> <b>DAVIE, FL 33330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PART</b> <b>VELASQUEZ, MARIA T</b> <b>10009 WINDING LN RD, #205</b> <b>SUNRISE FL 33352</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PO</b> <b>VELASQUEZ, MARCIA</b> <b>8580 NW 36 ST, #208</b> <b>SUNRISE FL 33352</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**SIGNATURE: X SIGNATURE REQUIRED** **04/23/03 (954) 862-1759**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)