

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 663037

1. Entity Name

Q S A CORP.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90093 019 ***150.00

Principal Place of Business

Mailing Address

2450 HOLLYWOOD BLVD
STE 209
HOLLYWOOD FL 33020
US

PO BOX 3777
POST OFFICE BOX 1987
HALLANDALE FL 33008-1987
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17971 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

City & State
Aventura FL

City & State

4. FEI Number 59-2131131

Applied For
Not Applicable

Zip 33160-2588

Country USA

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

LONSCHEIN, IRWIN
2450 HOLLYWOOD BLVD 209
HOLLYWOOD FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

17971 BISCAYNE BLVD #214

City Aventura FL

FL

Zip Code 33160-2588

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DST
NAME LONSCHEIN, IRWIN
STREET ADDRESS 2450 HOLLYWOOD BLVD 209
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17971 BISCAYNE BLVD #214
CITY-ST-ZIP Aventura FL 33160-2588

TITLE P
NAME LONSCHEIN, IRWIN
STREET ADDRESS 2450 HOLLYWOOD BLVD 209
CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

(305) 932-9488

Daytime Phone #

CR2E034 (9/99)