

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 666646

1. Entity Name  
QUIPP, INC.

APPROVED  
AND  
FILED

00 OCT 23 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4800 N.W. 157TH STREET  
HIALEAH FL 33014

Mailing Address  
4800 N.W. 157TH STREET  
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2306191

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

Name

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

City

FL

Zip Code

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

PETER F. SOUZA

ASSISTANT SECRETARY

10/20/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 D  
NAME BRANCA, RALPH  
STREET ADDRESS 4800 N.W. 157TH STREET  
CITY-ST-ZIP MIAMI FL 33014 ☐ Delete

TITLE C  
NAME Campbell, Richard  
STREET ADDRESS 4800 N.W. 157th Street  
CITY-ST-ZIP Miami, FL 33014 ☐ Change ☒ Addition

TITLE D  
NAME FINLEY, JACK D  
STREET ADDRESS 4800 NW 157TH STREET  
CITY-ST-ZIP MIAMI FL 33014 ☒ Delete

TITLE D  
NAME Christina Kepner  
STREET ADDRESS 4800 N.W. 157th Street  
CITY-ST-ZIP Miami, FL 33014 ☐ Change ☒ Addition

TITLE D  
NAME KIPP, LOUIS D  
STREET ADDRESS 4800 N.W. 157TH STREET  
CITY-ST-ZIP MIAMI FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 400003454844-4  
CITY-ST-ZIP -10/07/00-01001-004  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE PCEO  
NAME PERI, ANTHONY  
STREET ADDRESS 4800 N.W. 157TH STREET  
CITY-ST-ZIP MIAMI FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS REINSTATEMENT 2000  
CITY-ST-ZIP

TITLE CFO  
NAME BAROCAS, JEFFREY S.  
STREET ADDRESS 4800 N.W. 157TH STREET  
CITY-ST-ZIP MIAMI FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 500003454865-6  
CITY-ST-ZIP -11/07/00-01054-004  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (5/00)