

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

00-EE-2003790864 025 05 150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # 666646

1. Entity Name
QUIPP, INC.



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

Zip

Country

Zip

Country

4. FEI Number 59-2306191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(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	D	<input type="checkbox"/> Delete
NAME	BRANCA, RALPH	
STREET ADDRESS	4800 N.W. 157TH STREET	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	C	<input type="checkbox"/> Delete
NAME	CAMPBELL, RICHARD	
STREET ADDRESS	4800 N.W. 157TH STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIPP, LOUIS D	
STREET ADDRESS	4800 N.W. 157TH STREET	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSOB, LAWRENCE J	
STREET ADDRESS	4800 NW 157TH STREET	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, WILLIAM L	
STREET ADDRESS	4800 N.W. 157TH STREET	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEPNER, CHRISTINA	
STREET ADDRESS	4800 N.W. 157TH STREET	
CITY-ST-ZIP	HIALEAH FL 33014	

TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael S Rady	
STREET ADDRESS	4800 N.W. 157th Street	
CITY-ST-ZIP	Miami, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 ill empowered.

SIGNATURE: *SIGNATURE REQUIRED*

1/8/03

305-623-8700