

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003985

1. Entity Name
Q PRODUCTS, INC.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90288 012 ***150.00

Principal Place of Business
2600 HERNANDO STREET
CORAL GABLES FL 33134

Mailing Address
2600 HERNANDO STREET
CORAL GABLES FL 33134

2. Principal Place of Business
3400 McINTOSH ROAD
Suite, Apt. #, etc.
FOREIGN TRADE ZONE #25, BLDG #15

3. Mailing Address
757 SE 17TH STREET
Suite, Apt. #, etc.
#365

City & State
FORT LAUDERDALE FL

City & State
FORT LAUDERDALE FL

Zip
33316

Country
BROWARD

Zip
33316

Country
USA

4. FEI Number APPLIED FOR-
65-1025144

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CANUL, MICHAEL A
5201 BLUE LAGOON, PH LEVEL
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
MICHAEL A CANUL
Street Address (P.O. Box Number is Not Acceptable)
1234 CORTEZ STREET
City
CORAL GABLES FL Zip Code
33134

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 *Michael A. Canul* MICHAEL A. CANUL, PRESIDENT # 22-2001
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's 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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CANUL, MICHAEL A 2600 HERNANDO STREET CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CANUL, MICHAEL A 2600 HERNANDO STREET CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD, P.T. CANUL, MICHAEL A 1234 CORTEZ STREET CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD, S, V. President MARCINKEVICIUS ROMAS 1010 SEMINOLE DRIVE - #902 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael A. Canul* MICHAEL A. CANUL 1/22/01 954/524/7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)