

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90933 001 \*\*\*300.00

**DOCUMENT # J58603**

1. Entity Name

**QUIPP SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**4800 N.W. 157H STREET  
 MIAMI FL 33014**

**4800 N.W. 157H STREET  
 MIAMI 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

**59-2802147**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

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, 2002 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 ☒ Delete  
 NAME **PCEO**  
 STREET ADDRESS **PERI, ANTHONY**  
 CITY-ST-ZIP **4800 N.W. 157TH STREET  
 MIAMI FL 33014**

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **PCEO**  
 STREET ADDRESS **Kody Michael S.**  
 CITY-ST-ZIP **4800 N.W. 157th Street  
 Miami, FL 33014**

TITLE ☐ Change ☒ Addition  
 NAME **T.**  
 STREET ADDRESS **Bello Eric**  
 CITY-ST-ZIP **4800 N.W. 157th Street  
 Miami, FL 33014**

TITLE ☐ Change ☒ Addition  
 NAME **✓**  
 STREET ADDRESS **Switalski, David**  
 CITY-ST-ZIP **4800 N.W. 157th Street  
 Miami, FL 33014**

TITLE ☐ Change ☒ Addition  
 NAME **✓**  
 STREET ADDRESS **Tamir Mohammed**  
 CITY-ST-ZIP **4800 N.W. 157th Street  
 Miami, FL 33014**

TITLE ☐ Change ☒ Addition  
 NAME **✓**  
 STREET ADDRESS **Amabab Angel E.**  
 CITY-ST-ZIP **4800 N.W. 157th Street  
 Miami, FL 33014**

TITLE ☐ Change ☒ Addition  
 NAME **✓**  
 STREET ADDRESS **Bianca Ralph**  
 CITY-ST-ZIP **4800 N.W. 157th Street  
 Miami, FL 33014**

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:

*Eric Bello* **Eric Bello** Director of Finance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 305-623-8700

CR2E034 (9/01)



## Division of Corporations

### Uniform Business Report

Page 1

Document Number

**J58603**

Business Entity Name

**QUIPP SYSTEMS, INC.**

FEI Number

**592802147**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

#### Principal Place of Business

Address

**4800 N.W. 157H STREET**

Suite, Apt. #, etc.

City, State

**MIAMI****FL**

Zip Code &amp; Country

**33014**

#### Mailing Address

Address

**4800 N.W. 157H STREET**

Suite, Apt. #, etc.

City, State

**MIAMI****FL**

Zip Code &amp; Country

**33014**

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Corporate Name

**CT CORPORATION SYSTEM**

Address

**1200 SOUTH PINE ISLAND ROAD**

Suite, Apt. #, etc.

City, State

**PLANTATION****FL**

Zip Code &amp; Country

**33324****US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.



## Division of Corporations

## Uniform Business Report

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Document Number

**J58603**

Business Entity Name

**QUIPP SYSTEMS, INC.**Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ NoCurrent Year Intangible Personal Property Tax Owed ☐ Yes ☒ No

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country



## Division of Corporations

### Uniform Business Report

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Document Number  
**J58603****Please enter additional business entities below.**

Name and Title	SWITALSKI DAVID VICE PRESIDENT
Address 1	4800 N.W. 157TH STREET
Address 2	
City, State Zip	MIAMI FL 33014

Name and Title	JAMIL MOHAMMED VICE PRESIDENT
Address 1	4800 N.W. 157TH STREET
Address 2	
City, State Zip	MIAMI FL 33014

Name and Title	
Address 1	
Address 2	
City, State Zip	

Name and Title	
Address 1	
Address 2	
City, State Zip	

Name and Title	
Address 1	
Address 2	
City, State Zip	

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

Title   
Name (Last, First, Middle, Title)      
-or- Entity Name   
Street Address   
City, State    
Zip Code & Country

☒ Add additional Officers/Directors ☐ No additional Officers/Directors

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title   
Officer/Director Signature



## Division of Corporations Uniform Business Report

### Payment Page

Document Tracking # -  
For  
Corporate UBR # -

**The charge amount for your filing is \$150.00.**

### Payment

When your payment approval is received, we will process your filing request.

When your document is filed, we will mail any requested documents to the return address listed on the form.

Please select one of the payment options listed below.

Credit Card/E-Check Payment

If you press the 'Credit Card/E-Check Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

Sunbiz E-file account number

Password

E-mail Address

Sunbiz E-file Account Payment

Reset

If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

### Please Note

If you have used the browser 'BACK' button to get to this page, you should use the browser 'FORWARD' button to move to the next page.

Start Over