

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94726

1. Entity Name

QF INDUSTRIES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90009 035 ***150.00

Principal Place of Business
2655 WEST 8TH AVENUE
HIALEAH FL 33010
US

Mailing Address
2655 WEST 8TH AVENUE
HIALEAH FL 33010-1201
US

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

65-0136002

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

DARLOW, DAVID
ONE SOUTHEAST THIRD AVE
H2400
MIAMI FL 33131

Name **ROGER HABER**

Street Address (P.O. Box Number is Not Acceptable) **90 ENTIN & MARGULES P.A.**

200 E BROWARD BLVD #1210

City **FORT LAUDERDALE**

FL

Zip Code **33301**

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.

ROGER HABER

(NOTE: Registered Agent signature required when reinstating)

2/14/2000

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

TITLE	T	<input type="checkbox"/> Delete
NAME	LIEBSON, JILL F	
STREET ADDRESS	2755 W 8TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	LIEBSON, JILL F	
STREET ADDRESS	2755 W 8 AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LEVINE, SAUL H	
STREET ADDRESS	2755 W 8 AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (9/99)