

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90304 009 ***150.00

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DOCUMENT # K94726

1. Entity Name

QF INDUSTRIES, INC.

Principal Place of Business

**2655 WEST 8TH AVENUE
HIALEAH FL 33010
US**

Mailing Address

**2655 WEST 8TH AVENUE
HIALEAH FL 33010
US**

2. Principal Place of Business

2755 West 8th Avenue

Suite, Apt. #, etc.

3. Mailing Address

2755 West 8th Avenue

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Hialeah, Florida

4. FEI Number

65-0136002

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

33010

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HABER, ROGER
C/O ENTIN & MARGULES PA
200 E BROWARD BLVD #1210
FORT LAUDERDALE FL 33301**

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.

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, 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 ☐ Delete
NAME **LIEBSON, JILL F**
STREET ADDRESS **2755 W 8TH AVE**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Delete
NAME **PS LIEBSON, JILL F**
STREET ADDRESS **2755 W 8 AVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME **DC LEVINE, SAUL H**
STREET ADDRESS **2755 W 8 AVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Saul H. Levine

Saul H. Levine C.E.O

305-885-4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)