

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 001 \*\*\*150.00

DOCUMENT # 00000005639

1. Entity Name

Q-Business Solutions, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1580 Sawgrass Corporate Pkwy

Suite, Apt. #, etc.

Suite 130

City & State

Sunrise FL

Zip

33323

Country

USA

3. Mailing Address

1580 Sawgrass Corporate Pkwy

Suite, Apt. #, etc.

Suite 130

City & State

Sunrise FL

Zip

33323

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0975476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel + Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

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

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

(NOT: Registered Agent signature required when reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$81.25

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  
P/T/S  
Jon Moss  
11068 NW 8th  
Plantation, FL 33324

TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon Moss

4/27/02

(954) 424-9992

Date

Daytime Phone #

CR2034B (12/01)