

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033976

1. Entity Name

QUIPMART, INC. ✓

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90151 001 ***150.00

Principal Place of Business c/o Tripp Scott, P.A. 110 SE 6th St., 15th FL Ft. Lauderdale, FL 33301	Mailing Address c/o Tripp Scott, P.A. 110 SE 6th St., 15th FL Ft. Lauderdale, FL 33301
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2. Principal Place of Business c/o Tripp Scott, P.A. Suite, Apt. #, etc. Attn: C. Yates, Esq.	3. Mailing Address c/o Tripp Scott, P.A. Suite, Apt. #, etc. Attn: C. Yates, Esq.
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110 SE 6th Street, 15th FL Ft. Lauderdale, FL	110 SE 6th Street, 15th FL Ft. Lauderdale, FL
Zip 33301	Zip 33301
Country	Country

4. FEI Number 65-1000278	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

Christine P. Yates, Esq.
c/o Tripp Scott, P.A.
110 SE 6th Street, 15th FL
Ft. 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 NAME STREET ADDRESS CITY-ST-ZIP	DP Bruce Kassover 1180 SW 15th Street Boca Raton, FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Tal Mazor 1330 Jackson Street Hollywood, FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Christine P. Yates 2849 NE 28th Street Ft. Lauderdale, FL 33306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Michael Tripp 2865 NE 25th Street Ft. Lauderdale, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Garry W. Johnson 110 SE 6th Street Ft. Lauderdale, FL 33301	<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		<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine P. Yates, Dir.

4/25/01

954-525-7500

Date

Daytime Phone #

CR2E034 (1/00)