

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000063695**1. Entity Name  
QPC GROUP, INC.

## Principal Place of Business

2525 SOUTHWEST 3RD AVENUE  
SUITE 304  
MIAMI FL  
33129

## Mailing Address

2525 SOUTHWEST 3RD AVENUE  
SUITE 304  
MIAMI FL  
33129

## 2. Principal Place of Business

14921 SW 80 STREET

## 3. Mailing Address

14921 SW 80 STREET

Suite, Apt. #, etc.  
SUITE 218Suite, Apt. #, etc.  
SUITE 218City & State  
MIAMI FLCity & State  
MIAMI FLZip  
33193

Country

Zip  
33193

Country

## 4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES  
33134

US

FL

## 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 **MIGUEL PEREZ, PRESIDENT****03/21/2001**

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	VTD	<input type="checkbox"/> Delete
NAME	CLAVELO FELIX	
STREET ADDRESS	2525 SOUTHWEST 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	QUESADA RAFAEL	
STREET ADDRESS	2525 SOUTHWEST 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ MIGUEL	
STREET ADDRESS	2525 SOUTHWEST 3RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Miguel Perez**

PD

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)