## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000066164 Q-STAR ENTERPRISES, INCORPORATED 05-02-2001 90178 039 \*\*\*158.75 Principal Place of Business Mailing Address 2400 EAST LAS OLAS BLVD STE 247 2400 EAST LAS OLAS BLVD STE 247 FT LAUDERDALE FL 33307 C0057562 FT LAUDERDALE FL 33307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, QUNEA D Street'Address (P.O. Box Number is Not Acceptable) 2400 EAST LAS OLAS BLVD STE 247 FT LAUDERDALE FL 33307 Zip Code this stater ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE Delete TITLE NAME GORDON, QUNEA D NAME STREET ADDRESS STREET ADDRESS 2400 EAST LAS OLAS BLVD STE 247 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33307 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1.1 ☐ Delete TITLE [ ] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ 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 add

NAME

STREET ADDRESS

CITY-ST-7/P

NAME

STREET ADDRESS

CITY-ST-ZIP