

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069179

1. Entity Name

SER-Q-PRO, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90161 027 \*\*\*150.00

Principal Place of Business

10009 WINDING LAKE ROAD STE 205  
SUNRISE FL 33351

Mailing Address

10009 WINDING LAKE ROAD STE 205  
SUNRISE FL 33351

2. Principal Place of Business

8580 NW 36th St

3. Mailing Address

SAME

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

City & State

SUNRISE

FLORIDA

City & State

Zip

33351

Country

USA

Zip

Country

4. FEI Number

65-1030389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VELASQUEZ, LUIS I

10009 WINDING LAKE ROAD STE 205  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

SAME (VELASQUEZ LUIS I.)

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

8580 NW 36th St. # 205

City

SUNRISE

FL

Zip Code

33351

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

04-20-01

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	LUIS I. VELASQUEZ	<input type="checkbox"/> Delete
NAME	REGISTERED AGENT - OWNER	
STREET ADDRESS	8580 NW 36th St # 205	
CITY-ST-ZIP	SUNRISE, FL 33351	
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		
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-01

Date

(904) 5334452

Daytime Phone #

CR2E034 (10/00)