

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

May 03, 2001 8:00 am
Secretary of State

03-02-2001 90028 008 ***150.00

DOCUMENT # P01000000306

1. Entity Name

QUALIFIED MEDICAL TRAINING, INC.

Principal Place of Business

Mailing Address

6770 INDIAN CREEK DR. APT #7P
MIAMI BEACH FL 33141

6770 INDIAN CREEK DR. APT #7P
MIAMI BEACH FL 33141

40416



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEAN, AUDREYA
6770 INDIAN CREEK DR, APT #7P
MIAMI BEACH FL 33141

Name McLean, Audreya
Street Address (P.O. Box Number is Not Acceptable)
633 NE 167th Street #1201
North Miami Beach
City North Miami Beach FL Zip Code 33162

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)

2/16/01
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	D	<input type="checkbox"/> Delete
NAME	MCLEAN, AUDREYA	
STREET ADDRESS	6770 INDIAN CREEK DR, APT #7P	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
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	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLean, Audreya	
STREET ADDRESS	6770 Indian Creek Drive #7P	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLean, Claudia	
STREET ADDRESS	6770 Indian Creek #7P	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	McLean, Diana Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLean, Diana	
STREET ADDRESS	6770 Indian Creek Drive #7P	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	McLean, Lisa Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLean, Lisa	
STREET ADDRESS	6770 Indian Creek Drive #7P	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McLean, Lisa	
STREET ADDRESS	6770 Indian Creek Drive #7P	
CITY-ST-ZIP	Miami Beach, FL 33141	
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

AUDREYA McLean 2/16/01 305-652-1246
Date Daytime Phone #

CR2E034 (10/00)