

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-21-2002 91187 041 ***150.00
06-20-2002 90057 004 ****35.00

DOCUMENT # *001000059934*
1. Entity Name

Q-Z Point Inc

DO NOT WRITE IN THIS SPACE

870198

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3441 NW 90 Ave.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>104-105</i>		Suite, Apt. #, etc.	
City & State <i>Miami - Florida</i>		City & State	
Zip <i>33172</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>05-118688</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <i>President Angel Pandoza 3441 NW 90 Ave. #104 Miami FL 33172</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>President Wiley G Pandoza 15062 SW 141 St Miami FL 33196</i>
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-02

Date

Daytime Phone #