

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90071 035 ***150.00

0332359 AV

DOCUMENT # P01000085287

1. Entity Name
QUALITY LIFE INDUSTRIES INC.

Principal Place of Business

**349 JACARANDA DR
 PLANTATION FL 33321**

Mailing Address

**349 JACARANDA DR
 PLANTATION FL 33321**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 S. University Drive
 Suite, Apt. #, etc.
Suite F

City & State
Plantation Fl.

Zip **33324** **Country** **USA**

3. Mailing Address

140 S. University Dr
 Suite, Apt. #, etc.
Suite F

City & State
Plantation Fl.

Zip **33324** **Country** **USA**

4. FEI Number

65-1141102

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FEDER, JOY

**349 JACARANDA DR
 PLANTATION FL 33321**

7. Name and Address of New Registered Agent

Name
HARRIN FEDER

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

140 S. University Drive
Suite F

City
Plantation

FL

Zip Code

33324

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 *Harrin Feder*

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, 2002 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 **PRESIDENT** ☐ Delete
NAME **HARRIN FEDER**
STREET ADDRESS **140 S. University Drive # F**
CITY-ST-ZIP **Plantation Fl. 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Harrin Feder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0332359 (9/01)