FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085287

1. Entity Name
Quality Life Industries, Inc.

FILED
02 OCT -3 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
140 S. University Dr.	SAME
Suite, Apt. #, etc. F	Suite, Apt. #, etc.
City & State Plantation, Fl.	City & State
Zip 33324 County Broward	Zip Country

4. FEI Number 65-1141102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Betty Arcari

Street Address (P.O. Box Number is Not Acceptable): 301 Jacaranda Dr.

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: Betty Arcari
Signature, new registered office or registered agent, and title if applicable. (NOTE: Registered Agent signature is 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) ☐

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	President
NAME	Betty Arcari
STREET ADDRESS	301 Jacaranda Dr.
CITY-ST-ZIP	Plantation Fl. 33324
TITLE	Vice President
NAME	Frank Arcari
STREET ADDRESS	301 Jacaranda Dr
CITY-ST-ZIP	Plantation, Fl. 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
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CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

T. Lewis 10/3/02

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Arcari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #