

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
 03-20-2000 90103 007 ***150.00

DOCUMENT # P93000050746

1. Entity Name
QBS, INC.

Principal Place of Business

3600 GALT OCEAN DR.
 FT. LAUDERDALE FL 33308

Mailing Address

3600 GALT OCEAN DR.
 FT. LAUDERDALE FL 33308-7654

2. Principal Place of Business

3700 N. OCEAN BLVD.

3. Mailing Address

3700 N. OCEAN BLVD.

Suite, Apt. #, etc.

2810

Suite, Apt. #, etc.

2810

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

65-0419844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FAHRINGER, GERALD S
3600 GALT OCEAN DR.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

GERALD FAHRINGER

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

3200 N. OCEAN BLVD. #2810

City

FT. LAUDERDALE, FL

Zip Code

33308

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 **GERALD FAHRINGER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/14/00

Date

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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
FAHRINGER, GERALD S

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

3600 GALT OCEAN DR. 3200 N. OCEAN BLVD #2810
FT. LAUDERDALE FL 33308

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **GERALD FAHRINGER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

9546241229
 Daytime Phone #

CR2E034 (9/99)