

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000075033**

1. Entity Name

**Q.G.D. INDUSTRIAL GROUP, INC.**

Principal Place of Business

**999 PONCE DE LEON BLVD  
SUITE 720  
CORAL GABLES FL 33134**

Mailing Address

**999 PONCE DE LEON BLVD  
SUITE 720  
CORAL GABLES FL 33134**

2. Principal Place of Business

**6901 N.W. 82nd Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**Post Office Box 2405**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

**Ocala, FL**

Zip

**33166**

Country

Zip

**34478**

Country

4. FEI Number

**65-0529305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CARRERAS, RAUL JR**

**999 PONCE DE LEON BLVD**

**SUITE 720**

**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Carreras, Raul Jr.**

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

**101 S.W. 3rd Street**

City

**Ocala**

**FL**

Zip Code

**34474**

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

*Raul Carreras*

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

(NOTE: Registered Agent signature required when reinstating)

*1/22/2002*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAZQUEZ, ARTURO</b> <b>4535 SW 68TH CT CIR UNIT 1</b> <b>MIAMI FL 33155</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCE, LORENZO E</b> <b>9231 S.W. 120TH STREET</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VALDES, FRANCISCO J</b> <b>8190 N.W. 66TH STREET</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Arturo Vazquez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-29-02 305-594-0635*

Date

Daytime Phone #

CR2E034 (9/01)

021414 AV

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90463 001 \*\*\*150.00