

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90078 040 \*\*\*158.75

**DOCUMENT # P94000076384**

1. Entity Name

**QRE ASSOCIATES, INC.**

Principal Place of Business

**5951 NW 151 ST  
 STE 204  
 MIAMI LAKES FL 33014**

Mailing Address

**P.O. BOX 170404  
 HIALEAH FL 33017-0404**

**00007461**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0533771**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, EMILIO J  
 8521 N.W. 179 STREET  
 HIALEAH FL 33015**

*} address change ->*

Name

**Emilio J. GONZALEZ**

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

**29635 SARATOGA AVENUE**

City

**BIG PINE KEY**

**FL**

Zip Code

**33043**

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

*Emilio J. Gonzalez*

**EMILIO J. GONZALEZ**

**JAN. 10/2001**

Signature, typed or printed name of registered agent, or 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete  
 NAME **GONZALEZ, EMILIO J**  
 STREET ADDRESS **8521 NW 179 STREET**  
 CITY-ST-ZIP **HIALEAH FL 33015-2510** *} address change*

TITLE **DPST** ☒ Change ☐ Addition  
 NAME **GONZALEZ, EMILIO J.**  
 STREET ADDRESS **29635 SARATOGA AVENUE**  
 CITY-ST-ZIP **BIG PINE KEY, FL. 33043**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 another fee empowered.

SIGNATURE:

**EMILIO J. GONZALEZ, PRESIDENT.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 10/2001 (305) 558-5860**

Date

Daytime Phone #

CR2E034 (10/00)

0489607