

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021788

1. Entity Name

QUALITY MESSAGE & HEALTH CO.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90491 028 \*\*\*150.00

Principal Place of Business

Mailing Address

2614 NW 68TH TERRACE  
MARGATE FL 33063

2614 NW 68TH TERRACE  
MARGATE FL 33414-7972  
US

839048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 212084  
Suite, Apt. #, etc.

P.O. Box 212084  
Suite, Apt. #, etc.

City & State  
Royal Palm Beach FL

City & State  
Royal Palm Beach FL

4. FEI Number 65-0568840

Applied For  
Not Applicable

Zip 33421 Country USA

Zip 33421 Country USA

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

MONTELLA, ANTHONY  
2614 NW 68TH TERRACE  
MARGATE FL 33063

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

794 LAKE WELLINGTON DRIVE

City WELLINGTON FL Zip Code 33414

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 Anthony Montella

PRESIDENT

4-24-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MONTELLA, ANTHONY  
STREET ADDRESS 2614 NW 68TH TERRACE  
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

TITLE P  
NAME ANTHONY MONTELLA ☒ Change ☐ Addition  
STREET ADDRESS 794 LAKE WELLINGTON DR  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Anthony Montella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000

Date

800-380-5699

Daytime Phone #

CR2E034 (9/99)