

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90342 029 ***150.00

DOCUMENT # P96000018506

1. Entity Name

ALBION QUALITY MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

10500 NW 26TH ST #102A MIAMI FL 33172
2520 NW 97th Ave #110 MIAMI, FL 33172

2. Principal Place of Business

2520 NW 97th Ave

3. Mailing Address

2520 NW 97th Ave

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

#110

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172

County

DADE

Zip

33172

County

DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANGELO, PETER
12020 NW 2 DRIVE
CORAL SPRINGS FL 33172

Name

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

City

FL

Zip Code

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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	EV GILLET, DAVID	10500 NW 26TH ST., 102A	MIAMI FL 33172		2520 NW 97th Ave #110	MIAMI FL 33172	
	P SANTANGELO, PETER	10500 NW 26TH ST., 102A	MIAMI FL 33172		SAME		
	MD TITLEY, ANDY	10500 NW 26TH ST., 102A	MIAMI FL 33172		SAME		
	/	/	/		/	/	/
	/	/	/		/	/	/
	/	/	/		/	/	/

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. TITLEY Managing Director 1/14/01

Date

Printing Name

5165611919

CR2E034 (10/00)