2001 UNIFORM BUSINESS REPORT (UBR)									FII	ED				
DOCUMENT # P96000039550 1. Entity Name QUALITY TECHNOLOGIES GROUP, INC.								Apr 30, 2001 08:00 AM Secretary of State						
Principal Place		S		Mailing Address 711 N. W. 918T TERRACE		<u> </u>							-	
PLANTATION 33324		FL		PLANTATION 33324		FL								
2. Principal Place of Business 976 NW 92ND TERR				3. Mailing Address 976 NW 92ND TERR									-	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT	WRITE IN T	HIS SPA	CE	–	
City & State		FL		City & State PLANTATION	-	FL			El Number -0665365				pplied For ot Applicable	
Zip 33324		Country		Zip 33324	Cour	ntry			ertificate of Status Des	ired		3.75 Ad	ditional	
	6. Name	and Address of Curr	ent Re	gistered Agent				7. N	ame and Address of I	lew Register		•	<u></u>	-
FARIA MARCELO 600 DEL LAGO CT SUITE 202 PALM BEACH GARDENS FL							МА	RCE O. Bo						- -
33410 US						City PLANTA	ATION				- L	Zip Cod	de	-
8. The above	named entit	y submits_this statemer	nt for th	ne purpose of changing its	register			i age	nt, or both, in the State			33324		1
SIGNATURE _	Signature, typed	or printed name of registered a	gent and	title if applicable. (NOT	: Registere	d Agent signati	ure required wh	nen rein	nstating)	- 04/	30/20	<u>001</u>	<u> </u>	
Tax filing re	-	ible to satisfy its Intang and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$	550.00		10. Election Campai Trust Fund Contr				00 May Be d to Fees		
11.		OFFICERS A	ND DII	RECTORS	12.			ADD	DITIONS/CHANGES TO	OFFICERS A	ID DI	RECTOF	IS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARIA 711 N. W. PLATATI	MARCELO 91ST TERRACE ON		☐ Delete			D FARIA 976 NW PLATAI			FI	_	Change	☐ Addition	034 (11/
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			☐ Delete	CITY	ie Eet address '-st-zip						Change	☐ Addition	
of the cor	poration or the or on an atta	Tor supplemental reports of the receiver or trustee eachment with an address	mpowers, with	is filing does not qualify for ue and accurate and that n ered to execute this report n all other like empowered.	ny signa as requi	ture shall h red by Cha	iava tha cor	ma ja	anal attect se if made u	nder oath; tha / name appea	11 1 1 1 1 1 1 1	on office	r or director	
_	_	SIGNATURE AND TYPED	OR PRIN	TED NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daytin	ne Phone #		

Date

Daytime Phone #