

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90208 028 ***150.00

DOCUMENT # P97000065852

1. Entity Name

QUALITY INVESTIGATIONS, INC.

Principal Place of Business

**2880 W. OAKLAND PARK BLVD.
SUITE 234
FT LAUDERDALE FL 33311**

Mailing Address

**2880 W. OAKLAND PARK BLVD.
SUITE 234
FT LAUDERDALE FL 33311**

2. Principal Place of Business

120 So. UNIVERSITY Drive

3. Mailing Address

120 So. UNIVERSITY Drive

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

U.S.A.

Zip

33324

Country

U.S.A.

4. FEI Number

65-0772256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WIESE, KAREN L

~~2880 W. OAKLAND PARK BLVD.~~

~~SUITE 234~~

~~FT LAUDERDALE FL 33311~~

7. Name and Address of New Registered Agent

Name

KAREN L. WIESE

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

407 LAKESIDE CIRCLE

City

Sunrise

FL

Zip Code

33326

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

TITLE **P** ☐ Delete
NAME **WIESE, KAREN L**
STREET ADDRESS **407 LAKESIDE CIRCLE**
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE **VP** ☐ Delete
NAME **WIESE, CHRISTOPHER J**
STREET ADDRESS **407 LAKESIDE CIRCLE**
CITY-ST-ZIP **SUNRISE FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)