

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90692 028 ***150.00

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DOCUMENT # P97000092620

1. Entity Name

QLP, INC.

Principal Place of Business

**2812 N.W. 35TH ST
 MIAMI FL 33142**

Mailing Address

**2812 N.W. 35TH ST
 MIAMI FL 33142**

2. Principal Place of Business

3250 N. WEST 36 STR.

3. Mailing Address

1662 N.E 196 STR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI / FLORIDA

City & State

N. MIAMI BEACH FL.

4. FEI Number

65-0796144

Applied For

Not Applicable

Zip

33142

Country

U.S.A.

Zip

33179

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TROJECKI, SZYMON
 2812 NW 35TH ST
 MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name **TROJECKI, SZYMON**
 Street Address (P.O. Box Numbers Not Acceptable)
1662 N.E 196 STREET
 City **N. MIAMI BEACH** FL **33179**

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 **TROJECKI, SZYMON**

4/2/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	TROJECKI, SZYMON	
STREET ADDRESS	2812 N.W. 35TH ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SZYMON, TROJECKI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1662 N.E 196 STREET	
STREET ADDRESS	N. MIAMI BEACH, FL 33179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)