

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106900

1. Entity Name

Q.E. CONTROLS, INC.

R

Principal Place of Business

6801 YUCATAN DR.
ORLANDO FL 32807

Mailing Address

P O BOX 149615
ORLANDO FL 32814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3482886

Applied For

Not Applicable

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

QUINTERO, JORGE
6801 YUCATAN DR.
ORLANDO FL 32807

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PT QUINTEZO, JORGE 6801 YUCATAN DR ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINTERO, LAURA 6801 YUCATAN DR ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90009 041 ***150.00
01-25-2000 90115 043 ***150.00

80011433



DO NOT WRITE IN THIS SPACE

CP21014 (1/00)

Attachment
Doc # P97000106900
A0071433

Q.E. CONTROLS, INC.
Jorge Quintero
6801 Yucatan Dr.
Orlando, Fl. 32807

July 24, 2000

Division Of Corporations
Uniform Business Report Filings
P.O. Box. 1500
Tallahassee, Fl. 32302-1500
Ref. Document # P97000106900

Dear Sir or Madam:

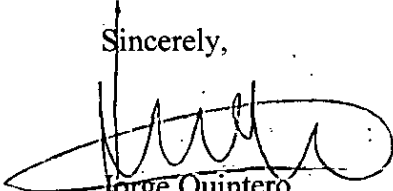
I have received the attached form, Ref. # P97000106900, This is the first time we received such form and you are stating this is the 2nd notice.

I called your office today and was advised to write a letter explaining this situation and to send it along with the check for \$150.00 (enclosed).

If you should have any questions, please feel free to contact me at 407-896-2622.

I thank you in advance for your prompt response to this matter.

Sincerely,


Jorge Quintero
Enclosures