

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092416

1. Entity Name

QBEX ELECTRONICS CORPORATION, INC.

Principal Place of Business

8515 N.W. 29TH STREET
MIAMI FL 33122-1919

Mailing Address

8515 N.W. 29TH STREET
MIAMI FL 33122-1919

2. Principal Place of Business

1601 N.W. 84 AVE

3. Mailing Address

1601 N.W. 84 VE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

U.S.

Zip

33126

Country

U.S.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFONSO, JORGE E
8515 N.W. 29TH STREET
MIAMI FL 33122-1919

7. Name and Address of New Registered Agent

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PD ALFONSO, JORGE E	<input type="checkbox"/> Delete
STREET ADDRESS	8515 N.W. 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33122-1919	
TITLE NAME	VD BAREITO, VIRIDIAN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8515 N.W. 29TH STREET	
CITY-ST-ZIP	MIAMI FL 33122-1919	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD ALFONSO, JORGE E	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 N.W. 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE NAME	VPE ALFONSO, JORGE L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 N.W. 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE NAME	VP OPERATIONS ANGEL, LILIANA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1601 N.W. 84 AVE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90429 001 ***150.00

04-02-2001 90429 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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