

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90196 004 \*\*\*158.75

**DOCUMENT # P99000055524**

1. Entity Name

**Q.T. KIDS, INC.**

Principal Place of Business

**777 EAST MERRITT CAUSEWAY  
MERRITT ISLAND FL 32952**

Mailing Address

**777 EAST MERRITT CAUSEWAY  
MERRITT ISLAND FL 32952**

2. Principal Place of Business

**9401 W. Colonial Dr**

3. Mailing Address

**9401 W. Colonial Dr**

Suite, Apt. #, etc.

**414**

Suite, Apt. #, etc.

**414**

City & State

**OCee, FL**

City & State

**OCee**

Zip

**34761**

Country

**U.S.A**

Zip

**FL 34761**

Country

**U.S.A**

4. FEI Number

**65-0931488**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALIPOUR, ALIREZA**

**777 EAST MERRITT CAUSEWAY  
MERRITT ISLAND FL 32952**

7. Name and Address of New Registered Agent

Name **Alireza Alipour**

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

**9401 W. Colonial Drive #414**

City **OCee**

**FL**

Zip Code

**34761**

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 **Alireza Alipour**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/30/02**

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** ☐ Delete  
NAME **ALIPOUR, ALIREZA**  
STREET ADDRESS **750 GREEN VALLEY LANE**  
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **Alipour Alireza** ☐ Delete  
NAME **9401 W. Colonial Dr #414**  
STREET ADDRESS **OCee, FL, 34761**  
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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Q.T. KIDS** ☒ Change ☐ Addition  
NAME **9401 W. Colonial Dr #414**  
STREET ADDRESS **OCee FL 34761**  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **Alireza Alipour**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)