

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0142108 SP

DOCUMENT # P99000063786

1. Entity Name
Q'S CONSTRUCTION INC.

01 NOV -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1769 WAKEENA DRIVE
COCONUT GROVE FL 33133

Mailing Address
1769 WAKEENA DRIVE
COCONUT GROVE FL 33133



2. Principal Place of Business

7005 N. Waterway Dr.
Suite, Apt. #, etc.
305
City & State
Miami, FL
Zip
33155 Country
USA

3. Mailing Address

7005 N. Waterway Dr.
Suite, Apt. #, etc.
305
City & State
Miami, FL
Zip
FL Country
33155

REINSTATEMENT

2001

4. FEI Number 05-1150645
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, ARLENE
6262 S.W. 40TH STREET
SUITE 3J
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name
Alfred De Armas
Street Address (P.O. Box Number is Not Acceptable)
255 University Drive
City
Coral Gables FL Zip Code
33134

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)

Alfred De Armas 11-8-01
Agent. 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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUERO, ALFRED 1769 WAKEENA DRIVE COCONUT GROVE FL 33133	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Quero, Alfred 1769 Wakeena Drive Coconut Grove, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Raul Puig 6132 NW 74 Ave Miami, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Arlene Torres 14214 SW 53 Street Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004703663-4 -12/04/01--01031--001 ****758.75 ****758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Alfred De Armas* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-01

305-263-6883

Date

Daytime Phone #

CR2E034 (5/01)