

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071376

1. Entity Name

QTEQ SERVICES INC

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90192 041 ***150.00

Principal Place of Business

1181 CAMELLIA CIRCLE
WESTON FL 33326

Mailing Address

~~1181 CAMELLIA CIRCLE~~
~~WESTON FL 33326~~
P.O. BOX 668
DANIA BEACH
FL 33004-0668

2. Principal Place of Business

6051 N. OCEAN DRIVE

Suite, Apt. #, etc.

706

3. Mailing Address

P.O. BOX 668

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD FL

City & State

DANIA BEACH FL 33004-0668

4. FEI Number

65-0940063

Applied For

Not Applicable

Zip

33019

Country

Zip

33004-0668

Country

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

OLIVEIRA, ALFRED

~~1181 CAMELLIA CIRCLE~~
~~WESTON FL 33326~~

Name

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

6051 N. OCEAN DRIVE #706

City

HOLLYWOOD

FL

Zip Code

33019

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

Alfred Oliveira

ALFRED OLIVEIRA PRESIDENT

4/18/01

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

(NOTE: Registered Agent's 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, 2001 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	PTSD	<input type="checkbox"/> Delete
NAME	OLIVERIA, ALFRED	
STREET ADDRESS	1181 CAMELLIA CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6051 N. OCEAN DRIVE #706	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
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:

Alfred Oliveira

ALFRED OLIVEIRA PRESIDENT 4/18/01

954-922-5242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)