

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084936

1. Entity Name
QUALMETRIX, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90006 027 ***550.00

Principal Place of Business

11767 DIXIE HWY. PMB 117
MIAMI FL 33156

Mailing Address

11767 DIXIE HWY. PMB 117
MIAMI FL 33156

2. Principal Place of Business

5201 Blue lagoon Drive

3. Mailing Address

5201 Blue lagoon Drive

Suite, Apt. #, etc.

Penthouse

Suite, Apt. #, etc.

Penthouse

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0951298

Applied For

Not Applicable

Zip

33126

Country

Dade

Zip

33126

Country

Dade

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

TANEN, JEFFREY S
C/O GOLDSTEIN & TANEN, PA
TWO S. BISCAYNE BLVD STE 3250
MIAMI FL 33131

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 D ☐ Delete
NAME SCHIMMEL, LAWRENCE
STREET ADDRESS 11767 DIXIE HWY. PMB 117
CITY-ST-ZIP MIAMI FL 33156

TITLE D/P ☒ Change ☐ Addition
NAME SCHIMMEL, Lawrence
STREET ADDRESS 5201 Blue lagoon Drive, Penthouse
CITY-ST-ZIP Miami, FL 33126

TITLE DSKOMER ☐ Delete
NAME SCHOMER, TIGHE
STREET ADDRESS 11767 DIXIE HWY. PMB 117
CITY-ST-ZIP MIAMI FL 33156

TITLE D/S ☒ Change ☐ Addition
NAME SHOMER, TIGHE
STREET ADDRESS 5201 Blue lagoon Drive, Penthouse
CITY-ST-ZIP Miami, FL 33126

TITLE D ☒ Delete
NAME ANDERSON, SCOTT
STREET ADDRESS 11767 DIXIE HWY. PMB 117
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ Change ☒ Addition
NAME RUSSIN, DAVID
STREET ADDRESS 5201 Blue lagoon Drive, Penthouse
CITY-ST-ZIP MIAMI, FL 33126

TITLE D ☐ Delete
NAME BRAGG, ELLEN
STREET ADDRESS 11767 DIXIE HWY. PMB 117
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☒ Change ☐ Addition
NAME BRAGG, ELLEN
STREET ADDRESS 5201 Blue lagoon Drive, Penthouse
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME RICE, Thomas
STREET ADDRESS 5201 Blue lagoon Drive, Penthouse
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature of Tighe Shomer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/19/2000

Daytime Phone #

(305) 216-4241

CR2E034 (5/00)