

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90030 044 \*\*\*150.00

DOCUMENT # P99000084936

1. Entity Name

QUALMETRIX, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

11767 S. Dixie Hwy

Suite, Apt. #, etc.

# 117

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Address

11767 S. Dixie Hwy

Suite, Apt. #, etc.

# 117

City & State

Miami, FL

Zip

33156

Country

USA

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4. FEI Number

65-0951298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey S. Tanen

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

Goldstein & Tanen, P.A.

2 S. Biscayne Blvd, Ste 3250

City

Miami

FL

Zip Code

33131

**DO NOT WRITE  
IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 / P  
NAME SCHIMMEL, LAWRENCE  
STREET ADDRESS 11767 S. Dixie Hwy, # 117  
CITY-ST-ZIP Miami, FL 33156

TITLE D / S  
NAME SHOMER, Tighe  
STREET ADDRESS 11767 S. Dixie Hwy, # 117  
CITY-ST-ZIP Miami, FL 33156

TITLE D  
NAME RUSSIN, David  
STREET ADDRESS 11767 S. Dixie Hwy, # 117  
CITY-ST-ZIP Miami, FL 33156

TITLE D  
NAME RICE, THOMAS  
STREET ADDRESS 11767 S. Dixie Hwy, # 117  
CITY-ST-ZIP Miami, FL 33156

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tighe Shomer, Tighe Shomer

Date

1/18/02

Daytime Phone #

(305) 252-6100

CR2E034B (12/01)