

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90049 044 ***150.00

DOCUMENT # V63767

1. Entity Name
"Q" CONSTRUCTION, INC.

Principal Place of Business
5400 SO UNIVERSITY DR
STE 201
DAVIE FL 33328
US

Mailing Address
5400 S. UNIVERSITY DRIVE
STE 201
DAVIE FL 33378
US



2. Principal Place of Business
2700 Glades Circle

3. Mailing Address
2700 Glades Circle

Suite, Apt. #, etc.
#110

Suite, Apt. #, etc.
#110

City & State
Weston FL

City & State
Weston FL

4. FEI Number **59-3142785**

Applied For
 Not Applicable

Zip **33327** Country **Broward**

Zip **33327** Country **Broward**

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

6. Name and Address of Current Registered Agent

DIPIETRO, MARIO
5400 SO UNIVERSITY DR
#201
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name **Mario DiPietro**
 Street Address (P.O. Box Number is Not Acceptable)
1966 Timberline Road
 City **Weston** FL Zip Code **33327**

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

Mario DiPietro
 (NOTE: Registered Agent signature required when reinstating)

1/14/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT DIPIETRO, MARIO 18806 NW 23 PLACE PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DONVITO, DAVID 7326 NW 47TH PL LAUDERHILL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIPIETRO, MARIO 18806 NW 23 PLACE PEMBROKE PINES FL 33029	<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	President Mario DiPietro 1966 Timberline Road Weston, FL 33327	<input checked="" 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	3 Mario DiPietro 1966 Timberline Road Weston, FL 33327	<input checked="" 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
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: *Mario DiPietro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02
 Date

954-217-7448
 Daytime Phone #

CR2E034 (9/01)