

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90161 027 \*\*\*150.00

**DOCUMENT # P00000069179**

1. Entity Name

**SER-Q-PRO, INC.**

Principal Place of Business

**10009 WINDING LAKE ROAD STE 205  
 SUNRISE FL 33351**

Mailing Address

**10009 WINDING LAKE ROAD STE 205  
 SUNRISE FL 33351**

2. Principal Place of Business

**8580 NW 36th St**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**205**

Suite, Apt. #, etc.

City & State

**SUNRISE Florida**

City & State

4. FEI Number

**65-1030389**

Applied For

Not Applicable

Zip

**33351**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VELASQUEZ, LUIS I  
 10009 WINDING LAKE ROAD STE 205  
 SUNRISE FL 33351**

7. Name and Address of New Registered Agent

Name

**SAME (VELASQUEZ Luis I.)**

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

**8580 NW 36th St. St # 205**

City

**SUNRISE**

**FL**

Zip Code

**33351**

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]*

**04-20-01**

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 \$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          | <input type="checkbox"/> Delete                    |
| NAME           | <b>Luis I. Velasquez</b>                           |
| STREET ADDRESS | <b>AGENT - OWNER</b>                               |
| CITY-ST-ZIP    | <b>8580 NW 36th St # 205<br/>Sunrise, FL 33351</b> |
| 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 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    |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-20-01**

Date

**(904) 5334452**

Daytime Phone #

CR2E034 (10/00)