**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90165 013 ***150.00

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** K85947

1. Entity Name
QUALITY ART SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

| | |
|---|---|
| 2. Principal Place of Business<br>8903 Glades Rd. | 3. Mailing Address<br>8010 N. Univ. Dr. |
| Suite, Apt. #, etc.<br>Ste. G-6 | Suite, Apt. #, etc.<br>2nd Fl. |
| City & State<br>Boca Raton, FL | City & State<br>Tamarac, FL |
| Zip 33434 — Country PalmaBch | Zip 33321 — Country Broward |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0183968 ☐ Applied For ☐ Not Applicable

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

6.

**DO NOT WRITE IN THIS SPACE**

7. **Name and Address of Current Registered Agent**
Name DAVID R. FARBSTEIN
Street Address (P.O. Box Number is Not Acceptable)
8010 N. Univ. Dr., 2nd Fl.
City Tamarac **FL** Zip 33321

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 ______ 4/26/02
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 certify its Intangible Tax Exemption status 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/P/S/T<br>ALVO, ALLEN<br>8903 Glades Rd., Ste., G-6<br>Bocar Raton, Fl. 33434 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/V<br>ALVO DEBORAH<br>8903 Glades Rd., Ste., G-6<br>Bocar Raton, Fl. 33434 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |

CR2E034B (12/01)

12. 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:** Deborah H. Alvo, V.P. 4/25/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #