


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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90101 002 ***150.00

DOCUMENT # **P01000035770**

1. Entity Name
QUALITY DYNAMICS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1920 S.W. 18 AVENUE

3. Mailing Address
1920 S.W. 18 AVENUE

Suite, Apt. #, etc. _____

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

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MIAMI, FL

4. FEI Number
06-1614842

Applied For
Not Applicable

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

Zip **33145** Country **USA**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RUDY SUAREZ

Street Address (P.O. Box Number is Not Acceptable)
1920 S.W. 18 AVENUE

City **MIAMI** FL Zip Code **33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RUDY SUAREZ 1920 S.W. 18 AVENUE MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Rudy Suarez / **RUDY SUAREZ** 2/3/03 (305)761-7312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)