



03-17-2003 90463 029 ***158.75

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000051436					
1. Entity Name VR HIGH QUALITY SERVICE CORP.					
Principal Place of Business 7468 UNIVERSAL BLVD ORLANDO, FL 32819 US		Mailing Address 7468 UNIVERSAL BLVD ORLANDO, FL 32819 US		 90051922 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3720237	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
TORO, RUBEN D 7345 SAND LAKE RD. 204 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Philip F. Bonus, Esquire Street Address (P.O. Box Number is Not Acceptable) 170 E. Washington Street Orlando, Florida 32801 City FL Zip Code		
a. 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 <u><i>Philip F. Bonus</i></u> DATE <u>March 4, 2003</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)</small>					
FILE NOW!!!! FEE IS \$160.00 After May 17, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BATALHA, VALQUIRIA D. 6840 DONNELLY CIR. ORLANDO, FL 32817662	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Batalha, Valquiria D. 7468 Universal Blvd. Orlando, Florida 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Barbugli, Valeria Dozzi 7468 Universale Blvd. Orlando, Florida 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Calza, Rodrigo Dozzi 7468 Universal Blvd. Orlando, Florida 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Valquiria D. Batalha</i></u>			March 4, 2003 407-226-2651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
VALQUIRIA D. Batalha					

PRS034 (10/02)
 Addition