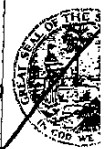


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91415 031 \*\*\*150.00

DOCUMENT # P02000067146  
1. Entity Name  
MARGULL Quality BUSINESS, CORP



Principal Place of Business Mailing Address  
2655 LEJEUNE Rd 2655 LEJEUNE Rd  
STE 709 STE 709  
Coral Gables Fl 33134 Coral Gables Fl 33134

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 43-1265501  Apply  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additorial Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
CUEVAS ANDREW  
536 BALMORE Way  
Coral Gables, Fl 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when translating) DATE \_\_\_\_\_



9. Election Campaign Financing Trust Fund Contribution.  \$5.00 Added to I

10. OFFICERS AND DIRECTORS

TITLE <u>PTD</u>	<u>GALEANO MARIA C</u> <input type="checkbox"/> Delete
NAME	<u>2655 LEJEUNE Rd # 709</u>
STREET ADDRESS	<u>Coral Gables Fl 33134</u>
CITY-ST-ZIP	
TITLE <u>VSD</u>	<u>CAMPEROS Gustavo</u> <input type="checkbox"/> Delete
NAME	<u>2655 S. LEJEUNE Rd # 709</u>
STREET ADDRESS	<u>Coral Gables Fl 33134</u>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of this report, or on an attachment with an address, with all other like empowered

SIGNATURE: Wanda G Galeano Maria Galeano 4/30/03 (305) 226-39413  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Office #