

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000037729

FILED
Mar 15, 2002 8:00 AM
Secretary of State

Entity Name: L.M. QUALITY MANAGEMENT SERVICE CORP.

Current Principal Place of Business:

L.M. QUALITY MANAGEMENT
P.O. BOX 440915
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

L.M. QUALITY MANAGEMENT
P.O. BOX 440915
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0412770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNEZ, LUZMARY
8101 BYRON AVE
ASSOCIATION OFFICE
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TDP () Delete
Name: NUNEZ, LUZMARY
Address: 8101 BYRON AVE, ASSOCIATION OFFICE
City-St-Zip: MIAMI BEACH, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: NUNEZ, LUZMARY
Address: 8101 BYRON AVE, ASSOCIATION OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD () Change (X) Addition
Name: NUNEZ, ALEXANDER
Address: 8101 BYRON AVE, ASSOCIATION OFFICE
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZMARY NUNEZ

Electronic Signature of Signing Officer or Director

PDS

03/15/2002

_____ Date