

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90377 030 \*\*\*158.75

00056072

**DOCUMENT # V71785**

1. Entity Name  
**Q B H CORP.**

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Principal Place of Business      Mailing Address

13455 SW 91 TERR      13455 SW 91 TERR.  
 MIAMI FL 33106      MIAMI FL 33139-1803  
 US      US

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2. Principal Place of Business      3. Mailing Address

**1746 Meridian Ave**      **1746 Meridian Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**4**      **4**

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City & State      City & State

**Miami Beach, FL**      **Miami Beach, FL**

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Zip      Country      Zip      Country

**33139**      **USA**      **33139**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**65-0359882**      Not Applicable

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

    

6. Name and Address of Current Registered Agent

**EDUARDO MOSES**  
**1319 MERIDIAN AVE #103**  
**SOUTH BEACH FL 33139**

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7. Name and Address of New Registered Agent

Name      **Eduardo Moses**

Street Address (P.O. Box Number is Not Acceptable)

**1746 Meridian Ave #4**

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City      State      Zip Code

**Miami Beach**      **FL**      **33139**

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       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 satisfy its Intangible Tax filing requirement and elects to do so.            **FILE NOW!!! FEES \$150.00**  
 (After MAY 1, 2000 Fee will be \$550.00)  
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	<b>P</b>
NAME	<b>MOSES, EDUARDO M.</b>	NAME	<b>Moses, Eduardo M</b>
STREET ADDRESS	<b>13455 SW 91 TERR</b>	STREET ADDRESS	<b>1746 Meridian Ave #4</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	CITY-ST-ZIP	<b>Miami Beach, FL 33139</b>
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 Block 12 if changed, or on an attachm

SIGNATURE:  *Eduardo Moses*

305-532-9743