

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062352

1. Entity Name

QUALITY SERVICE REALTY, INC.

FILED**Apr 27, 2000 8:00 am**
Secretary of State

04-27-2000 90064 037 ***150.00

Principal Place of Business

Mailing Address

6555 N.W. 36TH STREET #321
304
MIAMI FL 33166
US6555 N.W. 36TH STREET #321
304
MIAMI FL 33166-6975
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6555 N.W. 36 STREET

6555 NW. 36 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

304

304

City & State

City & State

MIAMI, FL. 33166

MIAMI, FL.

Zip

Country

Zip

Country

33166

US

33166

USA

4. FEI Number

65-0600541

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIEZ, CARLOS H
6555 N.W. 36TH STREET #321
MIAMI FL 33166

Name

DIEZ, CARLOS

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

6555 NW 36 STREET SUITE 304

City

MIAMI

FL

Zip Code

33166

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.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 P ☐ Delete
NAME DIEZ, CARLOS
STREET ADDRESS 17000 NW 67 AVENUE #143
CITY-ST-ZIP MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00 305-870-0370

CR2E034 (9/99)