

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K57011**

1. Entity Name

QUALITY SEARCH, INC.

FILED  
May 15, 2002 8:00 am  
Secretary of State

05-15-2002 90028 033 \*\*\*150.00

Principal Place of Business  
2691 E. OAKLAND PARK BLVD.  
SUITE 201  
FT. LAUDERDALE FL 33306

Mailing Address  
2691 E. OAKLAND PARK BLVD.  
SUITE 201  
FT. LAUDERDALE FL 33306

2. Principal Place of Business **3. Mailing Address**

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

City & State **City & State**

Zip **Zip** Country **Country**

4. FEI Number **65-0091311** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

KLEWICKI, PAUL CASIMIR  
2691 E. OAKLAND PARK BLVD  
SUITE 201  
FT. LAUDERDALE FL 33306

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.

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, 2002 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**

TITLE **D**  
NAME KLEWICKI, PAUL CASIMIR  
STREET ADDRESS 2691 E. OAKLAND PK BLVD  
CITY-ST-ZIP FT. LAUDERDALE FL

Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  **Change** **Addition**  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE  **Change** **Addition**  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE  **Change** **Addition**  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE  **Change** **Addition**  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE  **Change** **Addition**  
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STREET ADDRESS   
CITY-ST-ZIP

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

Delete

TITLE  **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, and all other like empowered.

**SIGNATURE: *Paul Casimir*** **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02**

Date

**954-561-1771**

Daytime Phone #

CR2E034 (9/01)