

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # M45666

1. Entity Name
ALL QUALITY SERVICE, INC.

Principal Place of Business C/O AUDREY LOSADA 20950 CONCORD GREEN EAST BOCA RATON 33433 FL	Mailing Address C/O AUDREY LOSADA 20950 CONCORD GREEN EAST BOCA RATON 33433 FL
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2. Principal Place of Business FRANK LOSADA	3. Mailing Address FRANK LOSADA
Suite, Apt. #, etc. 1530 SW 8TH STREET	Suite, Apt. #, etc. 1530 SW 8TH STREET

City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 59-2760231	Applied For <input type="checkbox"/> Not Applicable
Zip 33486	Country	Zip 33486	Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOSADA FRANK
 1530 SW 8TH ST
 BOCA RATON FL
 33416

7. Name and Address of New Registered Agent

Name
 LOSADA FRANK
 Street Address (P.O. Box Number is Not Acceptable)
 1530 SW 8TH ST
 City
 BOCA RATON FL Zip Code
 33486

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 _____ DATE **04/24/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD LOSADA FRANK 20950 CONCORD GREEN EAST BOCA RATON FL <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOSADA FRANK 1530 SW 8TH STREET BOCA RATON FL 33486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Frank Losada PSD 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)