2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO200009831

1. Entity Name

DIRECTORS UNITED FOR QUALITY, INC.

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FILED Apr 10, 2003 8:00 am Secretary of State

02-27-2003 90153 012 ****61.25

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Principal Plac	e of Business		Mailii	ng Address		·	7				
16237 SW 88 STREET MIAMI FL 33193			7 SW 88 STREET II FL 33193								
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2. Principal F	Place of Busine	SS	3. Ma	ailing Address	··						
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			С	City & State			4. FithNumber	1230	149	<i>(</i>	Applied For
Zip		Country	Zi	ip	Countr	ту	5. Certificate of Sta	atus Desired		\$8.75 A	dditional
	6. Name a	nd Address of Curre	ent Register	ed Agent		 -	7. Name and Add	ress of New Re	aistered		
		<u></u>	<u></u>		-	Name			3		
PEREZ, I 14726-28	ILIANA N 3 SW 56 ST	i i i i i i i i i i i i i i i i i i i	E) - 30 - 10 - 10	F4 -5		Street Address	(P.O. Box Number is N		· · · · · ·		
MIAMI FL	_ 33185					City		<u>.,,</u>		Zip Co	
					'	City			FL	- 2000	ue
	named entity : tions of register		nt for the purp	cose of changing its	ts registered (office or registe	ered agent, or both, in t	he State of Flor	ida. Lam	familiar with	, and accept
SIGNATURE .									DATE		
	Signature 1.5ed or	or nted name of registered ag	gent and title if app	plicable. (NC	TE. Registered Ag	gent signature required	d when reinstating)				
		FRE IS \$61.25	gent and title if app	9. Election Ca	ampaign Fina	ncing	\$5.00 May Be		e Chec	k Payable	
;		FEE IS \$61.25		9. Election Ca Trust Fund	ampaign Fina Contribution.	ncing	\$5.00 May Be Added to Fees	Florida	te Chec a Depar	tment of	State
10.	FILE NOW:			9. Election Ca Trust Fund	ampaign Fina Contribution.	ncing	\$5.00 May Be	Florida	te Chec a Depar	tment of	State
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10.	FILE NOW: D PEREZ, ILIA	FEE IS \$61.25 OFFICERS AND		9. Election Ca Trust Fund	empaign Fina Contribution.	ncing	\$5.00 May Be Added to Fees	Florida	te Chec a Depar	tment of	State
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12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address withall other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Daytime Phone #