

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001071

1. Entity Name

QUALITY UNITED EDUCATION, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90147 026 \*\*\*\*61.25

Principal Place of Business

19720 N.W. 40TH AVE.  
MIAMI FL 33055  
US

Mailing Address

19720 N.W. 40TH AVE.  
MIAMI FL 33055  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0469071

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBINSON, RUBINOFF  
19720 N.W. 40TH AVE.  
MIAMI FL 33055

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, RUBINOFF	
STREET ADDRESS	19720 N.W. 40TH AVE.	
CITY-ST-ZIP	MIAMI FL 33058	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROBINSON, DALE	
STREET ADDRESS	19720 N.W. 40TH AVE.	
CITY-ST-ZIP	MIAMI FL 33058	
TITLE	TT	<input type="checkbox"/> Delete
NAME	LEWIS, HENRY W JR	
STREET ADDRESS	7712 EMBASSY BLVD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLARK, ALEN	
STREET ADDRESS	1760 NW 193 STREET	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	MA	<input type="checkbox"/> Delete
NAME	GRANT, SAM	
STREET ADDRESS	2550 N.W. 115TH ST.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	PR	<input type="checkbox"/> Delete
NAME	GORDON, CHRISTINA	
STREET ADDRESS	2481 OAKGARDEN LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rubino Robinson*  
**President**  
**Sep 11, 2000**

CR2E037 (5/00)