

DOCUMENT # P00000041097

1. Entity Name

PERSONAL QUALITY ASSISTANCE CORPORATION

FILED

01 AUG -2 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

200 SOUTH BISCAYNE BLVD., SUITE 4600  
MIAMI FL 33131-2310

Mailing Address

200 SOUTH BISCAYNE BLVD., SUITE 4600  
MIAMI FL 33131-2310

2. Principal Place of Business

7348 SW 82 ST  
Suite, Apt. #, etc.  
SUITE C120

3. Mailing Address

7348 SW 82 ST.  
Suite, Apt. #, etc.  
SUITE C120

City &amp; State

MIAMI - FL

City &amp; State

MIAMI - FL

4. FEI Number

65-1008202

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

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

6. Name and Address of Current Registered Agent

SIROTA, GEORGE S  
200 SOUTH BISCAYNE BLVD., SUITE 4600  
MIAMI, FL 33131-2310

7. Name and Address of New Registered Agent

Name

FABIANA CERATO

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

7348 SW 82 ST - SUITE C120

City

MIAMI

State

FL

Zip Code

33143

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

Jun, 6, 01

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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CERATO, CARLOS	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 4600	
CITY-ST-ZIP	MIAMI FL 33131-2310	

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERATO, FABIANA	
STREET ADDRESS	7348 SW 82 ST # C120	
CITY-ST-ZIP	MIAMI - FL - 33143	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERATO, ANDRE	
STREET ADDRESS	7348 SW 82 ST # C120	
CITY-ST-ZIP	MIAMI - FL - 33143	

TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDRE MADURELL	
STREET ADDRESS	7348 SW 82 ST # C120	
CITY-ST-ZIP	MIAMI - FL - 33143	

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
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 #

- PRESIDENT - Jun, 6, 01 / 798-8788

CR2E034 (10/00)

POA-01 E



## Personal Quality Assistance Co. - PQA

## ASKING FOR HELP

This year we are starting Personal Quality Assistance strongly, last year our company was almost without movement, therefore we would like to ask your help in order to let us pay \$150, 00, we know it's later than May 1<sup>st</sup> but, by that time, the company had no cash, now we are starting with new partnerships, and good possibilities.

- Personal Quality Assistance is a very small family company with big ideas, we think positive and we know we will be able to maintain next dates without problem


**We appreciate your help, we are sending a \$150 check enclosed**

Thank you very much

**Personal Quality Assistance Co. – PQA**

**ID # 65-1008202**

**Company's contact person signature:**



**Fabiana Cerato**

## President

Date: Jun 7, 01