2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000047256

1. Entity Name

QUALITYINTERNATIONAL.NET, INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90104 004 ***150.00

QUALITINIENNATIONALINEI, INC.						:			
Principal Place of Business 1061 S.W. 93RD AVENUE PLANTATION FL 33324		1061	Mailing Address 1061 S.W. 93RD AVENUE PLANTATION FL 33324			4			
2. Principal Place of Business			3. Mailing Address				08111	0/fi 0/0/f f0 /f f/ f	1 1111 1111 1111
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number	65-1010215		pplied For ot Applicable
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current F			egistered Agent			7. Name and Address of New Registered Agent			
					Name				
ROTHENBERG, RYAN S					Street Address (P.O. Box Number is Not Acceptable)				
	DIXIE HIGHWAY, SUITE 10	030							*
MIAMI FL 33156								•	
				Ci	ity		F	Zip Cod	e
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. I am familiar with, and accept the obligations of registered agent.									
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 \$150.00									
AGer May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State				n Campaign Financing und Contribution.		00 May Be d to Fees
10.		ERS AND DIRECTO	ORS	11.		ADDITIONS/CHA	NGES TO OFFICERS /	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOCHFELSEN, JERROL 1061 S.W. 93RD AVENU PLANTATION FL 33324		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				Change	☐ Addition
TITLE NAME			☐ Delete	TITLE NAME			, <u>, , , , , , , , , , , , , , , , , , </u>	Change	Addition
STREET ADDRESS CITY-ST-ZIP	·			STREET ADD			•		
12. I hereby c	ertify that the information sup	pplied with this filing	does not qualify for th	ne exemptio	n stated in Sec	tion 119.07(3)(i). Flo	orida Statutes. I further	certify that the in	formation

indicated on this report or supplemental report is frue and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver or truster employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an audired, with all other like empowered.

SIGNATURE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/17/03 954-916-2

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