

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052450

1. Entity Name

QUICK SERVICE, INC.

Principal Place of Business

P.O. BOX 441042
MIAMI FL 33144-1042

Mailing Address

P.O. BOX 441042
MIAMI FL 33144-1042

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RODRIGUEZ, DIANA
640 N.W. 36TH COURT
MIAMI FL 33125

7. Name and Address of New Registered Agent

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, 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	PSTD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DIANA	
STREET ADDRESS	P.O. BOX 441042	
CITY-ST-ZIP	MIAMI FL 33144-1042	
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		<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		
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 #

FILED

01 JUN 13 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number *SA Hired* Applied For ☒ Not Applicable ☐
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)

P-52450

7-20-02

Form **SS-4**(Rev. February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	
	2 Trade name of business (if different from name on line 1)	
	3a Mailing address (street address) (room, apt., or suite no.)	3b City, state, and ZIP code
	4a Mailing address (street address) (room, apt., or suite no.)	4b City, state, and ZIP code
	5a Business address (if different from address on lines 4a and 4b)	5b City, state, and ZIP code
	6 County and state where principal business is located	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► <u>for profit</u> |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

Florida

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

10 Date business started or acquired (month, day, year) (see instructions)

9/30/01

11 Closing month of accounting year (see instructions)

12/31/01

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

10/1/01

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

2

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ►

Service courier

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►

☐ Yes☐ No

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

☐ Yes☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

Signature ►

Date ► 6/1/01

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying