

2003

UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90310 003 ***150.00

DOCUMENT # P00000052450**1. Entity Name**
QUICK SERVICE, INC.**Principal Place of Business**
P.O. BOX 441042
MIAMI FL 33144**Mailing Address**
14956 SW 75 TERR
MIAMI FL 33193**2. Principal Place of Business**
640 NW 36th. CT. # D

Suite, Apt. #, etc.

D

City & State
Miami, Fl.**Zip**
33125**Country**
Miami-Dade**3. Mailing Address**
640 NW 36th. CT

Suite, Apt. #, etc.

D

City & State
MIAMI, FL**Zip**
33125**Country**
MIAMI-DADE**4. FEI Number**
37-1429846**Applied For**
Not Applicat.**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**RODRIGUEZ, DIANA
640 NW 36TH COURT, SUITE D
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, LILIANA M 14956 SW 75 TERR MIAMI FL 33193	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MORENO, LILIANA M 640 NW 36th. CT. # D Miami, Fl. 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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: 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

4/25/03

Date

Daytime Phone #