

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073678

1. Entity Name
Q H SERVICE CORP.

FILED

01 SEP 25 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6000 SW 16 ST
PLANTATION FL 33317

Mailing Address
6000 SW 16 ST
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1040044

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ DE ROBLES, MARIA
6000 SW 16 ST
PLANTATION FL 33317

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS GONZALEZ DE ROBLES, MARIA
CITY-ST-ZIP 6000 SW 16 ST
PLANTATION FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 04/12/01 90160 015 \$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600004641956-4
-10/18/01-01064-019
*****8.75 *****8.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01

Date

(954) 7920725

Daytime Phone #

CR2E034 (5/01)

282

PLANTATION, SEPTEMBER 17, 2001

FLORIDA DEPARTMENT OF STATE

KATHY ASHTON

SECRETARY OF STATE

DOCUMENT SPECIALIST

DIVISION OF CORPORATION

P.O. BOX 6327

TALLAHASSEE, FL 32314

AS YOU REQUESTED WE ARE SENDING YOU THIS LETTER
CONCERNING "QH SERVICE CORP.", TO INFORM YOU THAT
WE NEVER RECEIVED THE LETTER FOR CORRECTION
THAT YOU SENT US ON APRIL 13, 2001.

PLEASE FIND ENCLOSED THE DOCUMENT WITH THE
CORRECT REPORT, AND A COPY OF THE LETTER SENT
BY YOUR OFFICE AND ALSO THE \$ 8.75 FOR THE

CERTIFICATE STATUS

HOPING THIS CAN BE SOLVED SOON.

SINCERELY


MARIA GONZALEZ DE ROBLES

P.D. MY REF. NUMBER IS: P00000073678.

THE LETTER NUMBER THAT YOU SEND ME IS: 101A00049340