

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90050 032 \*\*\*158.75

**DOCUMENT # P00000086094**

1. Entity Name

**VM QUALITY SERVICES, CORPORATION**

Principal Place of Business

5840 DONNELLY CIRCLE  
 ORLANDO FL 32821

Mailing Address

5840 DONNELLY CIRCLE  
 ORLANDO FL 32821

2. Principal Place of Business

7243 INTERNATIONAL DR.  
 Suite, Apt. #, etc.

3. Mailing Address

7243 International Dr.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

Orlando Florida

4. FEI Number

59-3683049

Applied For

Not Applicable

Zip

32819

Country

U.S.A.

Zip

32819

Country

U.S.A

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CASTRO, MARIZA  
 5840 DONNELLY CIRCLE  
 ORLANDO FL 32821

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

*Mariza Castro* Vice-President - Mariza Castro

01-29-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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	D	<input type="checkbox"/> Delete
NAME	BATALHA, VALQUIRIA	
STREET ADDRESS	5840 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRO, MARIZA	
STREET ADDRESS	5840 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINS, RODRIGO	
STREET ADDRESS	5840 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALZA, RODRIGO	
STREET ADDRESS	5840 DONNELLY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32821	
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
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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:

*Mariza Castro* Vice-President

State

Daytime Phone #

(407) 226-8900

CR2E034 (10/00)