

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087413

1. Entity Name

QUALITY CALL, CENTER, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90061 050 ***150.00

0606609

Principal Place of Business 11037 SW 154TH MIAMI FL 33196	Mailing Address 11037 SW 154TH MIAMI FL 33196
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00026951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 9260 S.W. 72 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33173	DADE

4. FEI Number 65-1041412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JUAN ROSSINI, DOMINGO 11037 SW 154TH MIAMI FL 33196

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9260 S.W. 72ND STREET # 103 City MIAMI FL Zip Code 33123

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUAN ROSSINI, DOMINGO 11037 SW 154TH CT MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11037 S.W. 154TH CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAQUEL QUINTANA, CECILIA 11037 SW 154TH CT MIAMI FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11037 S.W. 154TH CT MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (305) 270-8008
Date Daytime Phone #

CR2E034 (10/00)