9/10/2002-90229-021-$550.00-$550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017731

1. Entity Name
QUALITY IMPRESSIONS, INC.

FILED
02 OCT -4 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7400 STERLING RD. #917 HOLLYWOOD FL 33024	7400 STERLING RD. #917 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8067 Lakepointe CT	8067 Lakepointe CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Plantation, Fl
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number: 651082747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, CECILIA
7400 STERLING RD, #917
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name: RUIZ, CECILIA
Street Address (P.O. Box Number is Not Acceptable): 8067 Lakepointe CT.
City: Plantation FL Zip Code: 33322

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, CECILIA 7400 STERLING RD, #917 HOLLYWOOD FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, CECILIA 8067 Lakepointe CT. Plantation, FL 33322	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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 Date Daytime Phone #