

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90233 007 \*\*\*150.00

**DOCUMENT # P01000051436**

1. Entity Name  
**VR HIGH QUALITY SERVICE CORP.**

Principal Place of Business  
**5840 DONNELLY CIR.**  
**ORLANDO FL 32821**

Mailing Address  
**5840 DONNELLY CIR.**  
**ORLANDO FL 32821**

2. Principal Place of Business  
**7468 Universal BLVD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7468 Universal BLVD**  
 Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3720237**

Applied For  
 Not Applicable

Zip  
**32819**

Country

Zip  
**32819**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**B0127219**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**TORO, RUBEN D**  
**7345 SAND LAKE RD.**  
**204**  
**ORLANDO FL 32819**

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

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)

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS BATALHA, VALQUIRIA D 5840 DONNELLY CIR. ORLANDO FL 32821-7662</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/02** **407-226-2651**  
 Date Daytime Phone #

CR2E034 (4/02)



Attachment  
B0127219  
PD 1000051436

**July 2, 2002**

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ladies and Gentlemen:

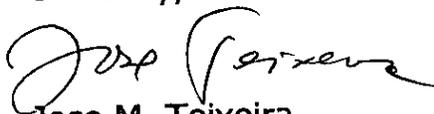
Ref: 2002 UBR

For reasons beyond our control we did not file a timely 2002 Uniform Business Report. Respectively we are requesting a waiver of this penalty.

Please note our new address: VR High Quality Service Corp.  
7468 Universal Blvd.  
Orlando, FL 32819

Awaiting a favorable answer to this request.

Sincerely,

  
Jose M. Teixeira  
Bookkeeper

**VR HIGH QUALITY SERVICE**  
7468 Universal Blvd  
Orlando - FL32819  
Phone: 407 226 2651 / Fax:407 226 2631