

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO1000056060**

1. Entity Name

Quality Kitchens, INC.

FILED

02 JAN 31 PM 2:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1750 W. 39 PL.

3. Mailing Address

1801 Westward Dr.

Suite, Apt. #, etc.

1007

Suite, Apt. #, etc.

City & State

Hialeah, FL.

City & State

Miami Springs, FL.

Zip

33012

Country

U.S.A.

Zip

33166

Country

U.S.A.

4. FEI Number

EIN 65-1127151

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Raul Azuaje

Street Address (P.O. Box Number is Not Acceptable)

1801 Westward Dr.

City

Miami Springs

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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

RAUL AZUAJE

Raul Azuaje

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **Raul Azuaje**
STREET ADDRESS **1801 Westward Dr.**
CITY-ST-ZIP **Miami Springs, FL. 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary**
NAME **Erminia Azuaje**
STREET ADDRESS **1801 Westward Dr.**
CITY-ST-ZIP **Miami Springs, FL. 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-02/01/02--01008--003
*******115.00 *****115.00**

TITLE **TREASURER**
NAME **Barbara Fornoni**
STREET ADDRESS **1801 Westward Dr.**
CITY-ST-ZIP **Miami Springs, FL. 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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*******43.75 *****43.75**
SP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RAUL AZUAJE

Raul Azuaje

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 29th, 2002 (786)4234490

Date

Daytime Phone #

CR2E034B (12/01)