

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90028 046 \*\*\*150.00

0294891 AV

**DOCUMENT # P01000064829**

1. Entity Name

**QUALITY FIRST HOMES REALTY, INC.**

Principal Place of Business

**800 NE 195TH ST., #609  
 NORTH MIAMI BEACH FL 33179**

Mailing Address

**800 NE 195TH ST., #609  
 NORTH MIAMI BEACH FL 33179**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1785 NE 162nd**

Suite, Apt. #, etc.

3. Mailing Address

**1785 NE 162nd**

Suite, Apt. #, etc.

City & State

**NMB, FL**

City & State

**NMB, FL**

4. FEI Number

**65-1134139**

Applied For

☐ Not Applicable

Zip

**33179**

Country

Zip

**33179**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GAMEL, BENNETT**

**800 NE 195TH ST., #609**

**NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name

**GAMEL, BENNETT**

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

**412 NE 195th St**

City

**NMB**

**FL**

Zip Code

**33179**

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

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 \$150.00  
 After May 1, 2002 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	DPST	<input type="checkbox"/> Delete
NAME	GAMEL, BENNETT	
STREET ADDRESS	800 NE 195TH ST., #609	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DPST <del>RESERVED</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMEL, BENNETT	
STREET ADDRESS	412 NE 195th St	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
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
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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-22-02**

Date

Daytime Phone #

CR2E034 (9/01)