FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90153 043 ***758.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80148108

DOCUMENT # P01000065684

1. Entity Name
QUALITY TOOL REPAIR SERVICE, INC.

Principal Place of Business
4878 SW 75TH AVE
MIAMI, FL 33155

Mailing Address
4878 SW 75TH AVE
MIAMI, FL 33155

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 2174 N.W. 87th Ave
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33172 Country: USA

3. Mailing Address: 2174 N.W. 87th
Suite, Apt. #, etc.
City & State: Miami, FL
Zip: 33172 Country: USA

4. FEI Number: 65-1117938 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22 ST, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
Name: Jessie FeRNandez
Street Address (P.O. Box Number is Not Acceptable): 2174 N.W. 87th Ave
City: Miami, FL Zip Code: 33172

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD FERNANDEZ, JESSIE E 4878 SW 75TH AVE MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2174 NW 87th ave Miami, FL. 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/9/03 305-716-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #