

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 021 ***150.00

DOCUMENT # P01000078712

1. Entity Name

QUALITY MOBILE TECHNICIANS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1835 S.W. 81st LANE

Suite, Apt. #, etc.

3. Mailing Address

1835 S.W. 81st LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL 33324-4603

Zip

Country

City & State

DAVIE, FL 33324-4603

Zip

Country

4. FEI Number

65-1132890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANABELLE FIGUEROA

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

8811 S. W. 123rd Court Apt 212

City

MIAMI

FL

Zip Code

33186

**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

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 PD
NAME Anabelle Figueroa
STREET ADDRESS 8811 s.w. 123rd Ct., Apt 212
CITY-ST-ZIP Miami, FL 33186

TITLE VPD
NAME Noel Figueroa
STREET ADDRESS 1835 S.W. 81st Lane
CITY-ST-ZIP Davie, FL 33324

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CITY-ST-ZIP

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IN THIS SPACE**

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:  **Noel Figueroa**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 279-7712

CR2E034B (12/01)