

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90086 017 ***158.75

DOCUMENT # P01000079901

1. Entity Name

QUALITY ASSURANCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**16513 TURQUOISE TRAIL
 WESTON, FL 33331**

**16513 TURQUOISE TRAIL
 WESTON, FL 33331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1130737

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOZANO, ANDRES A
 16513 TURQUOISE TRAIL
 WESTON, FL 33331**

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.

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)



**TRUE NOVA FEES (\$150.00
 Ann. May 1, 2002 Fee will be \$69.00
 Make checks 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** ☐ Delete
 NAME **LOZANO, ANDRES A**
 STREET ADDRESS **16513 TURQUOISE TRAIL**
 CITY - ST - ZIP **WESTON FL 33331**

TITLE **STD** ☐ Delete
 NAME **GORDILLO, BYRON**
 STREET ADDRESS **16513 TURQUOISE TRAIL**
 CITY - ST - ZIP **WESTON FL 33331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
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 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 REQUIRED

ANDRES A. LOZANO

SEP 10, 2002

Date

Daytime Phone #



Accounting & Tax Service, Inc.

Attachment
B01371084

September 10, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Quality Assurance of Florida, Inc.
Document no. P01000079901
2002 Annual Report/Uniform Business Report

Dear Sir or Madam:

Enclosed please find:

- 1) Original Uniform Business Report 2002
- 2) A check payable to the Department of State in the amount of \$158.75

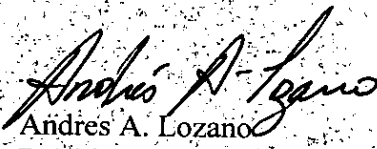
We are respectfully requesting abatement of the penalties since the above corporation did not received the form at the time to file the report. It was the first year of operation.

Please review the above circumstances and abate the penalty fee as Mr. Lozano acted in good faith to try and comply with the law and he has made a commitment to make the payment of renewal timely in the future.

We thank you in advance for your cooperation in this matter and ask, if you need additional information do not hesitate to call or contact us at your earliest convenience.

Sincerely,


Jose A. Torres
Accountant


Andres A. Lozano
President