

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

DOCUMENT # P01000079901

1. Entity Name

Quality Assurance Of Florida, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 AM 11:47

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16513 Turquoise Trail

3. Mailing Address
-SAME-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Weston, FL

City & State

4. FEI Number 65-1130737

Applied For
Not Applicable

Zip
33331

Country
USA

Zip

Country

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 Gordillo, Byron Heber

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

19333 Northwest 54 Court

City Opa Locka

FL Zip Code 33055

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

Gordillo, Byron Heber

04/02/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Gordillo, Byron Heber
19333 NW 54 Ct. Opa Locka, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400016323284
04/18/03--01041--025 **750.00

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IN THIS SPACE**

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

SIGNATURE:

Gordillo, Byron Heber

04/02/2003

305-491-0977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)