

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

2004 FILED

04 JAN 26 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000090398

1. Entity Name

Quality Marketing of Miami Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8399 NW 66 ST

Suite, Apt. #, etc.

SUITE #5

City & State

MIAMI, FL

Zip

33166

Country

3. Mailing Address

SAME.

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1138417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RAYSA RUIZ

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

860 W 53 TERRACE

City

Hialeah

FL

Zip Code

33012

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/13/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

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 P-T-D
NAME RAYSA RUIZ
STREET ADDRESS 860 W 53 TERRACE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VP-S-D
NAME JULIO RAMIREZ
STREET ADDRESS 860 W 53 TERRACE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
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800027623108
01/26/04-01093--008 **300.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/04 786-621-8807
386-355-2683

CR200401 (1-102)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003

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CITY - ST - ZIP

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SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/04

786-621-0807
385-355-2683

CR200343 (12/02)

QUALITY MARKETING OF MIAMI CORP.

8399 N.W. 66 ST Suite # 5

MIAMI- FLORIDA-33166

PHONE (786) 355-2683

JANUARY 13, 2004

DEPARTMENT OF STATE

REF: DOCUMENT # P01000090398

AS PER OUR PHONE CONVERSATION HERE IS MY CHECK # 1173 FOR
THE AMOUNT OF 300.00 AS PAYMENT OF THE 2003 AND 2004 UBR.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR YOUR HELP.

ATTE.



RAYSA RUIZ
PRESIDENT

NOTE: PLEASE UPDATE YOUR INFORMATION WITH MY NEW ADDRESS.
