

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90109 001 ***150.00

DOCUMENT # P01000120762
1. Entity Name
QUALITY WORKS MACHINING CO.

Principal Place of Business
151 SW 96 TERRACE
PEMBROKE PINES FL 32025
Mailing Address
151 SW 96 TERRACE
PEMBROKE PINES FL 32025

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0004773
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRIOS, RODOLFO
151 SW 96 TERRACE
PEMBROKE PINES FL 32025

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, JAVIER 8960 NW 8 ST #503 MIAMI FL 33172
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BARRIOS, RODOLFO 151 SW 96 TERRACE PEMBROKE PINES FL 33025
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 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: _____ Date 4/30/02 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)