

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91762 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P01000122404</b> 1. Entity Name <b>QUALITY MERCHANDISING, INC.</b>			
Principal Place of Business 20243 NE 15TH COURT MIAMI, FL 33179		Mailing Address 20243 NE 15TH COURT MIAMI, FL 33179	
2. Principal Place of Business Suite, Apt. #, etc. <b>20277 NE 15TH COURT</b> City & State <b>MIAMI</b>		3. Mailing Address <b>20277 NE 15TH COURT</b> Suite, Apt. #, etc. City & State <b>MIAMI, FL</b>	
Zip <b>33179</b>		Country <b>USA</b>	
4. FEI Number <b>26-0005877</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SUAREZ, DIMAS</b> <b>3816 NE MIAMI COURT</b> <b>MIAMI, FL 33137</b>		7. Name and Address of New Registered Agent Name <b>NA</b> Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing.)</small>			
FILE NOW!! FEB IS \$160.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D GREISMAN, RONALD</b> <b>20243 NE 15TH CT.</b> <b>MIAMI, FL 33179</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRESIDENT</b> <b>DIMAS SUAREZ</b> <b>4958 NW 165 AVE</b> <b>MIRAMAR FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9103 (30) 493-3400	

90128313



☐ CHECK HERE IF MAKING CHANGES

CH2034 (10/02)

Attachment #

90128313

PO1000122404

5/01/2003

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Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302

Dear Sir/Madam:

We never received the UBR form. Our corporation began 4/22/02, we were not aware that we have to file in 2003.

If you have any questions please call Kenrick Hadaway at (305) 493-3400

Thanking you for your understanding in this matter.

Yours truly,

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KENRICK HADAWAY