

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

DOCUMENT # P02000004408

Entity Name

A&D. QUALITY CONSTRUCTION, CORP.

APPROVAL
AND
FILED

03 JUL -9 PM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
5825 SW 144 Circle Pl.

3. Mailing Address
5825 SW 144 Circle Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

30-0017545

Applied For

Not Applicable

Zip

Country

33183

Dade

Zip

Country

33183

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alexis Doval

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

5825 SW 144 Circle Pl.

City

Miami

FL

Zip Code

33183

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Doval, Alexis 5825 SW 144 Circle Pl Miami, FL 33183	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000022164220 08/08/03--01002--018 **150.00
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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 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 #

6-30-03

2052

A.D. QUALITY CONSTRUCTION, INC.

5825 SW 144 Circle Place
Miami, FL 33183

June 30th, 2003

To: Florida Department of State
Secretary of State
Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref.: Document # P02000004408

TO WHOM IT MAY CONCERN:

Dear Sir or Madam:

Due to the fact I am a new business owner, the corporate annual report in question was not submitted because of negligence or responsibility on my behalf, but rather for not being properly assessed by my accountant and because we have moved to another location and although we sent to Tallahassee the address change notification, the report were not received, in view of this circumstances, I kindly request consideration in the waiving of penalties with the assurance that this oversight will never happen again.

Once again your consideration of this matter is greatly appreciated. Please feel free to contact me at (305)221-8721, should you have any question.

Sincerely,


Alexis Doval