

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90475 036 ***150.00

DOCUMENT # P02000005572

1. Entity Name
QUALITY MANAGEMENT & INVESTMENT CORPORATION



Principal Place of Business
741 SOUTHWEST 9TH STREET
STE.114
POMPANO BEACH FL 33060

Mailing Address
P.O. BOX 4486
HOLLYWOOD FL 33083-44

11003215



2. Principal Place of Business

6122 Washington Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 3,

City & State
Hollywood, Florida

City & State

4. FEI Number **56-2296857**

Applied For
Not Applicable

Zip
33023

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEE, ANTHONY F
5170 S. UNIVERSITY DRIVE
DAVE FL 33328

Change of Registered Agent's address.

7. Name and Address of New Registered Agent

Name **Anthony, Lee**
Street Address (P.O. Box Number is Not Acceptable)

6122 Washington Street, Ste # 3

City **Hollywood,**

FL

Zip Code **33023**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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** ☐ **Delete**
NAME **LEE, ANTHONY F**
STREET ADDRESS **741 S.W. 9TH STREET, SUITE 114**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/03

CR2E034 (10/02)