2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

6/16/20

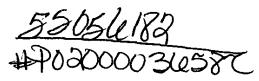
FILED Sep 10, 2003 8:00 am Secretary of State

850-6000

06-16-2003 90148 050 ***150.00 P02000036587 **DOCUMENT #** MORTGAGE QUALITY ASSURANCE, INC. 55056182 Mailing Address Principal Place of Business -8581-W. VINCE ST., SUITE 279" 9501-W-VOVE-ST., OUITE-279" KIBBHINEE PL SI747 MESTINGE FL NOW-2. Principal Place of Business 2113 GRECO Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For ity & State D2-05829 Not Applicable \$8.75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SANTOS, PABLO J Street Address (P.O. Box Number is Not Acceptable) 80 PINE ISLAND CR. KISSIMMEE FL 34743 City 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, typed or primed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete TITLE Change Addition 3R2E034 (10/02 TITLE PSTD MASA SANTOS, PABLO J MALEF STREET ADDRESS STREET ADDRESS 3501-W. VINE ST., SUITE 279 CITY-ST-ZP CATY-\$1-27 KISSIMMEE FL 34741 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-70 Delate THUE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-Z# TITLE Delate TILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- JP CITY-51-79 TIFLE Delete Change ☐ Addition TIRLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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 early; 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 Block 11 if

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MORTGAGE QUALITY ASSURANCE, INC.

12113 Greco Drive Orlando, FL 32824 Ph. 407-855-4872 mtgquality@aol.com

September 8, 2003

Subject: Mortgage Quality Assurance, Inc.

Reference Number: P02000036587

We received you letter for the balance due of \$ 400.00 and we would like to ask for a waiver of the penalty.

Please note that our address changed on January of 2003 and we did not received the uniform annual report form on time. This is our first year of operation and we still on the process of setting up.

Please note that, the Department have all ready collected the filing fee of \$ 150.00.

Thanks for your cooperation on this matter.

Lizhel Morales

Treasurer