

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

06-16-2003 90148 050 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

6/16/21

DOCUMENT # P02000036587

1. Entity Name

MORTGAGE QUALITY ASSURANCE, INC.



Principal Place of Business

Mailing Address

8501 W. VINE ST., SUITE 279
KISSIMEE FL 34741

8501 W. VINE ST., SUITE 279
KISSIMEE FL 34741

55056182

2. Principal Place of Business

12113 GRECO DR.

3. Mailing Address

P.O. Box 772143

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

02-0582490

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

32824

Country

US

Zip

32824

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, PABLO J
80 PINE ISLAND CR.
KISSIMEE FL 34743

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SANTOS, PABLO J
3501 W. VINE ST., SUITE 279
KISSIMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/D
SANTOS, PABLO J
80 PINE ISLAND CR.
KISSIMEE, FL 34743

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
MONTERO, LIZBEL
12113 GRECO DR.
ORLANDO, FL 32824

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(g), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/2003 107 850-6000

CR2E034 (10/02)

Attachment

55056182
#P02000036587

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 your 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.

Sincerely,



Lizbel Morales
Treasurer