

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

DOCUMENT # P020000466067

1. Entity Name **J&P QUALITY SERVICE CORP.**



**FILED**

03 JAN 13 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9368 NW 13th Street

3. Mailing Address  
9368 NW 13th Street

Suite, Apt. #, etc.  
Unit #35

Suite, Apt. #, etc.  
Unit #35

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33178

Country  
USA

Zip  
33178

Country  
USA

4. FEI Number  
01-0674364

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
Gutierrez, Renaldy J.

Street Address (P.O. Box Number is Not Acceptable)  
601 Brickell Key Drive

Suite 201

City  
Miami

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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

1-10-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	D,P,T	Martinez, Paulino R.	12904 SW 55th Street Miami, Florida 33145
	D,V,S	Martinez, Elizabeth M.	12904 SW 55th Street Miami, Florida 33175

12/26/02 01015 001 \$61.25  
700009685897  
02/28/03-01045-002 \*\*88.75

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paulino R. Martinez*

Paulino R. Martinez

01/10/2003

(305) 994-7418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #