

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91784 043 \*\*\*150.00

**DOCUMENT # P02000073230**

1. Entity Name  
**QUALITY FIRST CATERING INC.**



Principal Place of Business  
**12801 W SUNRISE BLVD #841  
SUNRISE FL 33323**

Mailing Address  
**12801 W SUNRISE BLVD #841  
SUNRISE FL 33323**

2. Principal Place of Business

**2176 CHAMPIONS WAY**  
Suite, Apt. #, etc.

3. Mailing Address

**2176 CHAMPIONS WAY**  
Suite, Apt. #, etc.

City & State  
**NORTH LAUDERDALE, FL**

Zip  
**33068**

Country  
**U.S.**

City & State  
**NORTH LAUDERDALE, FL**

Zip  
**33068**

Country  
**U.S.**

4. FEI Number

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROLLINS, MICHELLE  
12801 W SUNRISE BLVD #841  
SUNRISE FL 33323**

7. Name and Address of New Registered Agent

Name  
**ROLLINS MICHELLE**  
Street Address (P.O. Box Number is Not Acceptable)

**2176 CHAMPIONS WAY**  
City  
**NORTH LAUDERDALE, FL** Zip Code  
**33068**

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)

**4/29/2003**  
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

TITLE  
**P** ☐ Delete  
NAME  
**ROLLINS, MICHELLE**  
STREET ADDRESS  
**12801 W SUNRISE BLVD #841**  
CITY-ST-ZIP  
**SUNRISE FL 33323**

TITLE  
☐ Delete  
NAME  
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STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P** ☒ Change ☐ Addition  
NAME  
**ROLLINS, MICHELLE**  
STREET ADDRESS  
**2176 CHAMPIONS WAY**  
CITY-ST-ZIP  
**NORTH LAUDERDALE, FL 33068**

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

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/2003 (954) 726-7726**  
Date Daytime Phone #

CR2E034 (10/02)