

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90144 031 ***158.75

03/06/03
AV

DOCUMENT # **P02000089176**



1. Entity Name
QUALIFIED RESTAURANT SERVICES, CORP.

Principal Place of Business
**14320 SW 71 LN
MIAMI FL 33183**

Mailing Address
**14320 SW 71 LN
MIAMI FL 33183**



2. Principal Place of Business
13200 SW 128 St.

3. Mailing Address
13200 SW 128 St.

Suite, Apt. #, etc.
Ste. E4

Suite, Apt. #, etc.
Ste. E4

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
61-142 3757

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGAR, AUGUSTO
14320 SW 71 LN
MIAMI FL 33183**

Name
Street Address (P.O. Box Number is Not Acceptable)
13200 SW 128 St. Ste. E4
City **Miami** State **FL** Zip Code **33186**

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 _____ (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 Delete
NAME **DPT**
STREET ADDRESS **INGAR, AUGUSTO**
CITY-ST-ZIP **14320 SW 71 LN**
MIAMI FL 33183

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DVS**
STREET ADDRESS **INGAR, VANESSA**
CITY-ST-ZIP **14320 SW 71 LN**
MIAMI, FL 33183

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 **305 969 8480**
Date Daytime Phone #

CR2E034 (10/02)