2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000105585 DOCUMENT

1. Entity Name QUALITY FIRST HOMES IX, INC.

Mailing Address Principal Place of Business. 1785 N.E. 162ND STREET 1785 N.E. 162ND STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 56-7298 796 Not Applicable Zio Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent -===6.=Name and Address of Current Registered Agent == GAMEL, BENNETT Street Address (P.O. Box Number is Not Acceptable) 1785 N.E. 162ND STREET NORTH MIAMI BEACH FL 33162 Zip Code City 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. DATE , Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) · FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change **PVSD** ☐ Detete TITLE TITLE NAME Gamel, Bennett NAME 1785 N.E. 162ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH MIAMI BEACH FL 33162 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Detet III F Change -- [] Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

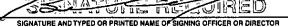
CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP



□ Delete

Daytime Phone #

Change

☐ Addition

FILED

Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90419 015 ***150.00