FILED
Aug 15, 2003 8:00 am
Secretary of State

08-04-2003 90151 030 *****8.75
03-31-2003 90184 006 ***150.00

55054269

[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000125511

1. Entity Name
QUALITEX MULTI SERVICES, INC

Principal Place of Business	Mailing Address
609 N.E. 123 STREET APT 33 NORTH MIAMI FL 33161	609 N.E. 123 STREET APT 33 NORTH MIAMI FL 33161

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
609 NE 123rd ST	609 NE 123rd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Fl	City & State: N. Miami Fl
Zip: 33161 Country: Dade	Zip: 33161 Country: Dade

4. FEI Number 320048418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOBY, GARRY A
2185 N.E. 169 STREET
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name: Garry Thoby A
Street Address (P.O. Box Number is Not Acceptable): 1191 NE 196th Street
City: Miami FL Zip Code: 33179

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] July 10-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	FM BASTIEN, VALLY 16524 S.W. 104 COURT MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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 REQUIRED Valley Bastien 8-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)