

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

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90008 012 ***150.00

DOCUMENT # PO2000130199	
1. Entity Name	
QUALITY PLUMBING SERVICES INC	

DO NOT WRITE IN THIS SPACE

94008339

2. Principal Place of Business 2315 WEST 2ND AVENUE Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State HIALEAH, FL	City & State SAME	4. FEI Number 75-3089895	Applied For <input type="checkbox"/> Not Applicable
Zip 33010	Country USA	Zip 33010	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARMANDO BARBOSA
Street Address (P.O. Box Number is Not Acceptable)
648 NW 138 CT
City
MIAMI **FL** **Zip Code**
33182

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARMANDO BARBOSA 648 NW 135 CT MIAMI FL 33182
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **ARMANDO BARBOSA PRESIDENT** **1/27/2004** **786-337-9097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #