

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000130199

1. Entity Name

QUALITY PLUMBING SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2315 WEST 2ND AVENUE

3. Mailing Address
2315 WEST 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
HIALEAH FL

Zip
33010

Zip
33010

Country
USA

Country
USA

4. FEI Number
75-3089895

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BARBOSA, ARMANDO

Street Address (P.O. Box Number is Not Acceptable)
648 NW 135 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

9/23/2003

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

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to Florida Department of State.

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
ARMANDO BARBOSA
648 NW 135 CT
MIAMI FL 33182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4000023368384
26/03/01079-019-**150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ARMANDO BARBOSA

9/23/2003

786-337-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Miami September 23, 2003

State of Florida
Division of Corporations
Gentlemen

Ref Annual Reports for Quality Plumbing Services Inc.

Enclose you will find our check for \$ 150.00 together with the form UBR dully fill.

We newer receipt the form from the department of corporation thru the mail, probably
Was lost in the mail and therefore we have not the opportunity to sent the payment with
The form which as a matter of fact we have to downloaded from the internet.

Please accept our apologize and accept our payment because otherwise the department
Will cause us a great problem:

Thanking you in advance, we remain

Your Truly

Quality Plumbing Services Inc.

Armando Barbosa
President