

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90139 004 ***150.00

DOCUMENT # P93000082898
1. Entity Name
QUALITY CONSTRUCTION TECHNOLOGIES CORPORATION



Principal Place of Business
1000 WEST AVE #827
MIAMI FL 33139

Mailing Address
1000 WEST AVE #827
SUITE #102
MIAMI FL 33139

2. Principal Place of Business
540 NE 55 ST
Suite, Apt. #, etc.

3. Mailing Address
540 NE 55 ST
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0452523

Applied For
Not Applicable

Zip
33137

Country
DDDE

Zip
33137

Country
DDDE

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

MEIRELLES DE CARVALHO MARCELO
1000 WEST AVENUE
SUITE 827
MIAMI BEACH FL 33139

Name

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

City

FL

Zip Code

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

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 **PVTS** ☐ Delete
NAME **CARVALHO, MARCELO M DE**
STREET ADDRESS **1000 WEST AVENUE, SUITE 827**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PVTS** ☒ Change ☐ Addition
NAME **MARCELO M CARVALHO**
STREET ADDRESS **1000 WEST AVE. #827**
CITY-ST-ZIP **MIAMI BCH, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)