2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P94000037177** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** QUALITY PHONE RENTAL, INC. 03-29-2000 90052 014 ***150.00 Principal Place of Business Mailing Address 2445 NW 39 AVE 2445 NW 39 AVE-MIAMI FL 33142-6739 MIAMI-FL 33142 3. Mailing Address 2. Principal Place of Business 1406 D.W. Le Jeune Rd 1406 n.w. Le Jeune Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number -applicable-1911 ian 1 65-09781 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUERRERO ARNO CANALES. PAFAEL Street Address (P.O. Box Number is Not Acceptable) 5530 S.W. 3RD ST. MIAMLFL-33134 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRESIDENT Change **Addition** TITLE 🔀 Delete HARRY R. GUERLERO 1406 n.w. Le Jeuxe los CANALES_BAFAEL NAME 5530_S.W. 3RD-ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMLEL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.