

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044672

1. Entity Name  
**QUALIMAE, CORP.**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90093 030 \*\*\*150.00

Principal Place of Business  
**1830 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

Mailing Address  
**1830 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

UUUJD474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1414 N.W. 107th Ave.**  
Suite, Apt. #, etc.  
**Suite #114**

3. Mailing Address  
**1414 N.W. 107th Ave.**  
Suite, Apt. #, etc.  
**Suite #114**

City & State  
**Miami Florida**

City & State  
**Miami Florida**

4. FEI Number **65-0498821**

Applied For  
Not Applicable

Zip **33172** Country **Dade**

Zip **33172** Country **Dade**

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**

**GONZALEZ, BETTINA  
1830 ONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **GONZALEZ, BETTINA**  
STREET ADDRESS **1830 PONCE DE LEON BLVD.**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VP** ☒ Delete  
NAME **AZOR, HUMBERTO**  
STREET ADDRESS **9710 S.W. 29 STREET**  
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: *Bettina Gonzalez* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/9/01 Daytime Phone # (305) 513-4610

CR2E034 (10/00)