## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P95000033278 --1. Entity Name QUALITY ACCOUNTING & GENERAL SERVICES CORPORATIO 04-04-2000 90051 035 \*\*\*100.00 08-17-2000 90001 043 \*\*\*\*50.00 Mailing Address Principal Place of Business PO BOX 590950 6555 NW 36TH STREET MIAMI FL 33159-0950 STE. 328 VIRGINIA GARDENS FL 33166-6975 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE) Number City & State 65-0589345 Not Applicable \$8,75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAVELO, RICARDO Street Address (P.O. Box Number is Not Acceptable) 755 WEST 22 STREET HIALEAH FL 33010 Zip Code City 8. The above named entity submits this statement for the eutpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent algosture required when remassing) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax tiling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 OFFICERS AND DIRECTORS 12. 11. **Addition** P/VP/T/S/D Change TITLE Deleta MILDRED A CHUZ NATAL TITLE MILE RAVELO, CARLOS NAME P.O. BOY 590950 STREET ADORESS 11412 SW 190TH TERRACE RD STREET ADORESS CITY-ST-ZIP :13157*-0*958 CITY-ST-21P MIAMI FL 33157 Addition Change מתוד ☐ Delete TITLE NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-57-2# Addition Change ☐ Delete TITLE TITLE NUMAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF CITY-S1-24P Change MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCY+ST-7IP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-57-29 Addition Change TITLE Deliste TITLE NAME STREET ADDRESS 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 turther 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 each; that I am an officer or director of the corporation or their executes the 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 attackment with an address, with all other like empowered. CHY-ST-ZIP

al required

SIGNATURE:

## attachment # 795000033278



## 20104604 QUALITY ACCOUNTING & GENERAL SERVICES CORP.

6555 N.W. 36TH STREET SUITE 328 VIRGINIA GARDEN'S, FL 33166

AUGUST 8<sup>TH</sup>, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: P95000033278

**DEAR SIRS/MADAMS:** 

THIS LETTER SERVES THE PURPOSE TO INFORM YOU THAT AS OF THIS DATE, WE NOTICE THAT OUR CHECK NO. 2318 ISSUED TO DEPARTMENT OF STATE, HAS NOT BEEN CLEARED YET BY OUR BANK.

AS PER OUR PHONE CONVERSATION TODAY WITH MS. KRISTEN, THAT CHECK AND PAPERS HAS NOT BEEN RECEIVED. THEREFORE I AM SENDING YOU COPIES OF THE PAPERS ORIGINALLY SENT TO US ALONG WITH ANOTHER CHECK NO. 2323 IN THE AMOUNT OF FIFTY DOLLARS (\$50.00), WHICH WILL REPLACE THE ONE YOU NEVER GOT.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION REGARDING THE ABOVE MENTIONED, I REMAIN,

OURS TRULY

MILDRED CRYZ-NATAL PRESIDENT/OWNER

cc: encl.

> PHONE: (305) 870-9670 FAX: (305) 949-0948