

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91604 014 \*\*\*150.00

0266555 AV

**DOCUMENT # P95000062352**

**1. Entity Name**  
**QUALITY SERVICE REALTY, INC.**

**Principal Place of Business**

**6555 NW 36 STREET**  
**304**  
**MIAMI FL 33166**  
**US**

**Mailing Address**

**6555 N.W. 36TH STREET #321**  
**304**  
**MIAMI FL 33166**  
**US**

**2. Principal Place of Business**

**6595 NW 36 STREET**  
 Suite, Apt. #, etc.  
**309**

**3. Mailing Address**

**6595 NW 36 STREET**  
 Suite, Apt. #, etc.  
**309**

**City & State**

**MIAMI FLORIDA**

**City & State**

**MIAMI FLORIDA**

**4. FEI Number**

**65-0600541**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**DIEZ, CARLOS H**  
**6555 N.W. 36TH STREET #321**  
**MIAMI FL 33166**

**7. Name and Address of New Registered Agent**

**Name**  
**DIEZ CARLOS H**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**6595 NW 36 STREET SUITE 309**  
**City**  
**MIAMI FL Zip Code**  
**33166**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DIEZ, CARLOS	17000 NW 67 AVENUE #143	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	DIEZ, CARLOS	11618 SW 144 CT.	MIAMI, FL- 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS H. DIEZ**

Date

Daytime Phone #

**4/20/02 305-870-0370**

CR2E034 (9/01)