

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # P96000047968

1. Entity Name

QUALITY FIRST HOMES, INC.

(R)

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-24-2000 90050 011 ***150.00

Principal Place of Business

800 NE 195 ST
SUITE 207
N MIAMI BEACH FL 33179
US

Mailing Address

800 NE 195 ST
SUITE 207
N MIAMI BEACH FL 33179-3439
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 609

Suite, Apt. #, etc.

Suite 609

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0703911

Applied For

Not Applicable

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

DOLCHIN, STEVEN.B
4330 SHERIDAN ST SUITE 202B
HOLLYWOOD FL 33021

Name

Bennett Gamel

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

800 NE 195 Street

City

Suite 609

N Miami Beach

FL

Zip Code

33179

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

Bennett Gamel

(NOTE: Registered Agent signature required when reinstating)

DATE

6-14-00

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, 2000 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	DPS	<input type="checkbox"/> Delete
NAME	GAMEL, BENNETT	
STREET ADDRESS	800 NE 195 ST SUITE 207	
CITY-ST-ZIP	N MIAMI BEACH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EPSTEIN, ROBIN ROTHBAUM	
STREET ADDRESS	3267 N.E. 188TH ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EASTEIN, DANIEL	
STREET ADDRESS	20355 NE 34 CT SUITE 1822	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite 609	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bennett Gamel President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

(954) 956-3423

Daytime Phone #

CR2E034 (9/99)