

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051743

1. Entity Name

QUALITY MANAGEMENT NORTH AMERICA, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 039 ***558.75

Principal Place of Business

7221 SW 59TH ST
WEST ATRIUM
MIAMI FL 33143
US

Mailing Address

Box 6800 SW 40TH ST
Box 405
MIAMI FL 33155
US

2. Principal Place of Business

7221 S.W. 59th St

Suite, Apt. #, etc.

3. Mailing Address

6800 S.W. 40th St

Suite, Apt. #, etc.

Box 405



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

56-0687358

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33155

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, KEITH
8585 SUNSET DRIVE
WEST ATRIUM
MIAMI FL 33143

7. Name and Address of New Registered Agent

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME WARD, KEITH
STREET ADDRESS 8585 SUNSET DRIVE WEST ATRIUM
CITY-ST-ZIP MIAMI FL 33143 ☐ Delete

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-7-00

Daytime Phone #

663-2779

CR2E034 15/00