2090 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000049981 May 07, 2000 8:00 am **Secretary of State** PRIME QUALITY SERVICES, INC. 05-07-2000 90024 038 ***150.00 Mailing Address Principal Place of Business 11345 N.W. 88 AVENUE 11345 N.W. 88 AVENUE HIALEAH GARDENS FL 33018-4529 HIALEAH GARDENS FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0757950 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cordova Cordova. MAESTRE, ILEANA Street Address (P.O. Box Number is Not Acceptable) 11345 N.W. 88 AVENUE <u>Same</u> HIALEAH GARDENS FL 33018 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition PSD TITLE ☐ Delete TITLE Cordova, Fleana 11345 N.W. 88 AVENUE NAME MAESTRE, ILEANA NAME STREET ADDRESS STREET ADDRESS 11345 N.W. 88 AVENUE HIALEAH GARJENS, FL. 33018 CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018 Addition Change Delete TITLE TITI F CORDOVA MT 05CAR NAME NAME MORALES, JESUS 11345 NIW- 88 AVE STREET ADDRESS STREET ADDRESS 11345 N.W. 88 AVENUE CITY-ST-7IP HIALEAH GARDENS, FL. 33018 CITY-ST-ZIP HIALEAH GARDENS FL 33018 ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 sordova_

SIGNATURE:

changed, or on an attachment with an address, with

#197000049981 84[263

Department of Health • Vital Statistics STATE OF FLORIDA MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

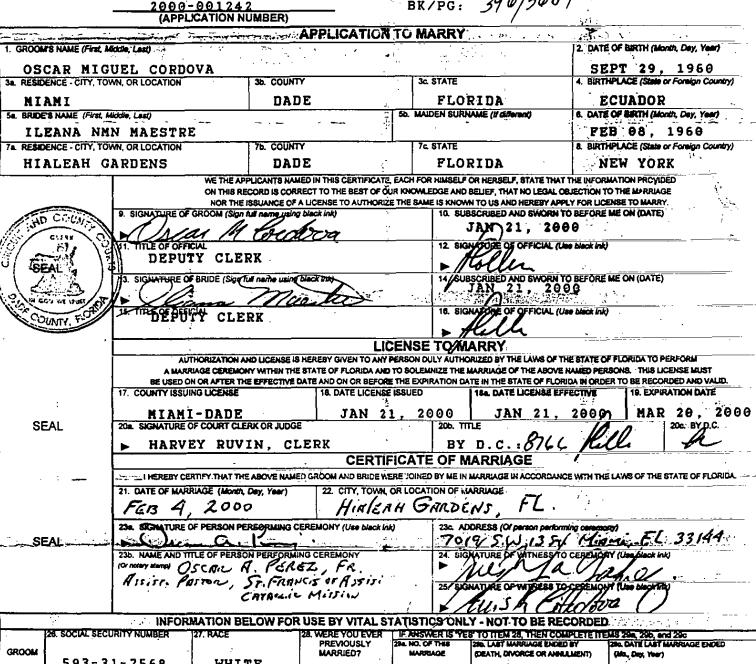
This license not valid unless seal of Clerk, Circuit or County Court, appears thereon. STATE OF FLORIDA, COUNTY OF DADE

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE OR OF PUBLIC RECORD IN THIS OFFICE. WITNESS MY HAND AND OFFICIAL SEAL

THIS SAY OF EB 2 2 200000

HARVEY RUVIN, CLERK OF CIRCUIT COURT

BK/PG: 346/3689



593-31-7568 WHITE NO X YES 03 DIVORCE JAN 31, 1995 IF ANSWER IS 'YE 30. SOCIAL SECURITY NUMBER WERE VALLEVED 31 RACE TO ITEM 32, THEN COMPLETE ITE **PREVIOUSLY** JAL NO. OF THU Sh. LAST MARRIAGE ENDED IN **BRIDE** (DEATH, DIVORCE OR ANNUALMENT) (Ma., Day, Year) 042-62-6971 WHITE NO X YES 03 DIVORCE NOV 07, 1996