

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000049981**

1. Entity Name

**PRIME QUALITY SERVICES, INC.****FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90024 038 \*\*\*150.00

Principal Place of Business

Mailing Address

**11345 N.W. 88 AVENUE  
HIALEAH GARDENS FL 33018****11345 N.W. 88 AVENUE  
HIALEAH GARDENS FL 33018-4529**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0757950**

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

**Cordova,  
MAESTRE, ILEANA  
11345 N.W. 88 AVENUE  
HIALEAH GARDENS FL 33018**

Name.

**Cordova, Ileana**

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

**same as before**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/2000**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAESTRE, ILEANA 11345 N.W. 88 AVENUE HIALEAH GARDENS FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Cordova, Ileana 11345 N.W. 88 AVENUE HIALEAH GARDENS, FL. 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (see attached)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MORALES, JESUS 11345 N.W. 88 AVENUE HIALEAH GARDENS FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CORDOVA, M. OSCAR 11345 N.W. 88 AVE HIALEAH GARDENS, FL. 33018 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Ileana Cordova** **4/25/2000** **(954) 572-3710**

CR2E034 19/99

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 FEB 22 2000 DAY OF FEB 22 2000  
 HARVEY RUVIN, CLERK OF CIRCUIT COURT

(STATE FILE NUMBER)



BY Harvey Ruvin D.C.

BK/PG: 396/3689

2000-001242  
 (APPLICATION NUMBER)

**APPLICATION TO MARRY**

1. GROOM'S NAME (First, Middle, Last) <b>OSCAR MIGUEL CORDOVA</b>			2. DATE OF BIRTH (Month, Day, Year) <b>SEPT 29, 1960</b>		
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>MIAMI</b>	3b. COUNTY <b>DADE</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>ECUADOR</b>		
5a. BRIDE'S NAME (First, Middle, Last) <b>ILEANA NMN MAESTRE</b>			5b. MAIDEN SURNAME (if different)		
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>HIALEAH GARDENS</b>			7b. COUNTY <b>DADE</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>NEW YORK</b>

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <u>Oscar M Cordova</u>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>JAN 21, 2000</b>
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	12. SIGNATURE OF OFFICIAL (Use black ink) <u>Roller</u>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <u>Ileana NMN Maestre</u>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>JAN 21, 2000</b>
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>	16. SIGNATURE OF OFFICIAL (Use black ink) <u>Roller</u>

**LICENSE TO MARRY**

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>MIAMI-DADE</b>	18. DATE LICENSE ISSUED <b>JAN 21, 2000</b>	18a. DATE LICENSE EFFECTIVE <b>JAN 21, 2000</b>	19. EXPIRATION DATE <b>MAR 20, 2000</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <b>HARVEY RUVIN, CLERK</b>		20b. TITLE <b>BY D.C. 8766 Roller</b>	20c. BY D.C. <b>h</b>

**CERTIFICATE OF MARRIAGE**

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>FEB 4, 2000</b>	22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>HIALEAH GARDENS, FL.</b>
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <u>Oscar A. Perez</u>	23c. ADDRESS (Of person performing ceremony) <b>7019 S.W. 135th Miami, FL 33144</b>
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>OSCAR A. PEREZ, FR. Assist. Pastor, St. Francis of Assisi CATHOLIC MISSION</b>	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>Wesley A. [Signature]</u>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <u>Wesley A. Cordova</u>

**INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED**

GROOM	26. SOCIAL SECURITY NUMBER <b>593-31-7568</b>	27. RACE <b>WHITE</b>	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
				29a. NO. OF THIS MARRIAGE <b>03</b>	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) <b>JAN 31, 1995</b>
BRIDE	30. SOCIAL SECURITY NUMBER <b>042-62-6971</b>	31. RACE <b>WHITE</b>	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
				33a. NO. OF THIS MARRIAGE <b>03</b>	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) <b>DIVORCE</b>	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) <b>NOV 07, 1996</b>