

01 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -5 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054634

1. Entity Name

Quality Export Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9912 NW 29 Terrace

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 527963

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Fl.

City & State

Miami, Fl.

4. FEI Number

65-0763644

Applied For

Not Applicable

Zip

33172

Country

Zip

33152

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Vivian Alvarez

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

9912 NW 29 Terrace

City

Miami

FL

Zip Code

33172

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IN THIS SPACE

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)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President
Alvarez Vivian C
9912 NW 29 Terrace
Miami, Fl. 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-24-02

Date

Daytime Phone #

305-632-5141

CR2E034B (12/01)