

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057710

1. Entity Name

PROFESSIONAL OPERATIONS TOTAL QUALITY MANAGEMENT

**FILED**  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 91173 017 \*\*\*150.00

0163720

Principal Place of Business

261 NAVARRE AVENUE SUITE 301  
CORAL GABLES FL 33134

Mailing Address

261 NAVARRE AVENUE SUITE 301  
CORAL GABLES FL 33134

2. Principal Place of Business

2590 S. DIKE HWY  
Suite, Apt. #, etc.

3. Mailing Address

700 BILTMORE WAY  
Suite, Apt. #, etc.

City & State

MIAMI, FL  
Zip

Country

MIAMI-DADE

City & State

Coral Gables, FL  
Zip

Country

MIAMI-DADE

4. FEI Number

65-0771849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MALOOF, AL  
261 NAVARRE AVE  
SUITE 301  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

AL MALOOF

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

700 BILTMORE WAY # 1208

City

Coral Gables, FL 33134 FL 33134

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.

(NOT) 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!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☒

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME MALOOF, ALBERT  
STREET ADDRESS 261 NAVARRE AVENUE SUITE 301  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AL MALOOF, PRES. SEC.  
NAME  
STREET ADDRESS 700 BILTMORE WAY, # 1208  
CITY-ST-ZIP CORAL GABLES, FL 33134

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

305-349-2322

Daytime Phone #

CR2E034 (10/00)