

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093631

1. Entity Name

QUALITY IMPROVEMENTS, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90039 023 ***158.75

Principal Place of Business

10945 SW 48 ST
MIAMI FL 33165

Mailing Address

10945 SW 48 ST
MIAMI FL 33165-6114

C0035528



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10945 SW 48 st

3. Mailing Address

10945 SW 48 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

65-0822177

Applied For

Not Applicable

Zip

33165

Country

U.S.

Zip

33165

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSE W GONZALEZ
10945 SW 48 ST
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Jose W. Gonzalez

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

10945 SW 48 st.

City

Miami

FL

Zip Code

33165

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

Jose W. Gonzalez

(President)

3-7-00

Signature, type 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 \$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

TITLE P/AG ☐ Delete
NAME JOSE GONZALEZ
STREET ADDRESS 10945 SW 48TH ST (HOUSE)
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose W. Gonzalez* Jose W. Gonzalez 3-7-00 (305) 986-1468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)