

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90514 001 ***150.00
 04-04-2001 90514 002 *****8.75

DOCUMENT # **P97000093631**

1. Entity Name

Quality Improvements, Inc.

Principal Place of Business

Mailing Address

**5120 SW 101 AV.
 Miami, FL 33165**

2. Principal Place of Business

5120 SW 101 AV.

Suite, Apt. #, etc.

N/A

3. Mailing Address

5120 SW 101 AV

Suite, Apt. #, etc.

N/A

City & State

Miami FL.

City & State

Miami FL.

Zip

33165

Country

U.S.

Zip

33165

Country

U.S.

4. FEI Number

65-0822177

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

**Jose Gonzalez
 5120 SW 101 AV
 Miami, FL 33165**

Name

Jose Gonzalez

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

5120 SW 101 AV

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. J. - J. (owner)

3-18-01

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)

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**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-01

Date

(305) 595-5073

Daytime Phone #

CR2E034 (11/00)