

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90468 048 ***150.00

0268897 AV

DOCUMENT # P97000093631

1. Entity Name

QUALITY IMPROVEMENTS, INC.

Principal Place of Business

**5120 SW 101 AVE
 MIAMI FL 33165
 US**

Mailing Address

**5120 SW 101 AVE
 MIAMI FL 33165
 US**

2. Principal Place of Business

5120 SW 101 AV

Suite, Apt. #, etc.

N/A

3. Mailing Address

8520 NW 15 CT

Suite, Apt. #, etc.

N/A

City & State

Miami, FL

Zip

33165

Country

U.S

City & State

Pembroke Pines, FL

Zip

33024

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

**JOSE W GONZALEZ
 5120 SW 101 AVE
 MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **Jose W. Gonzalez**

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

8520 NW 15 CT

City

Pembroke Pines, FL

Zip Code

33024

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

4-1-02

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)

☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 GONZALES**
 STREET ADDRESS **10945 SW 48TH ST (HOUSE)**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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 **Jose Gonzalez**
 STREET ADDRESS **8520 NW 15 CT**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

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

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose W. Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-02

Date

954-430-7584

Daytime Phone #

CR2E034 (9/01)