

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90106 031 \*\*\*150.00

DOCUMENT # P97000096868  
1. Entity Name  
QUALITY Investments, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2921 W. LAKE VISTA CR  
Suite, Apt. #, etc.

3. Mailing Address  
2921 W. LAKE VISTA CIR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DAVIE, FL

City & State  
DAVIE, FL

Zip  
33328

Country  
USA

Zip  
33328

Country  
USA

4. FEI Number  
65-0809890

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
DAVID PEZZELLA

Street Address (P.O. Box Number is Not Acceptable)  
2921 WEST LAKE VISTA Circle

City  
DAVIE

FL Zip Code  
33328

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 \_\_\_\_\_ (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	<u>D, P DAVID PEZZELLA 2921 W. LAKE VISTA Circle DAVIE, FL 33328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D, T, S LAURA PEZZELLA 2921 WEST LAKE VISTA Circle DAVIE, FL 33328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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: David Pezzella DAVID PEZZELLA 2/14/2002 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone # 305-474-3116