

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041193

1. Entity Name

QA REAL ESTATE SERVICES, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90043 011 ***150.00

Principal Place of Business

Mailing Address

~~5445 COLLINS AVE~~

4045 SHERIDAN AVE.,STE.180

~~4712~~

MIAMI BEACH FL 33140-3665

MIAMI BEACH FL 33140

2. Principal Place of Business

5005 Collins Ave

Suite, Apt. #, etc.

#225

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKS, ISIAH

4045 SHERIDAN AVE.,STE.180

MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 DPST
NAME JENKS, ISIAH
STREET ADDRESS 4045 SHERIDAN AVE.,STE.180
CITY-ST-ZIP MIAMI BEACH FL 33140

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000 (305) 372-1921
Date Daytime Phone #

CR2E034 (9/99)