

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90535 036 \*\*\*150.00

**DOCUMENT # P98000056415**

1. Entity Name  
**QUALITY CHAIRS, INC.**



Principal Place of Business  
**6065 NW 167TH STREET  
BUILDING B-8  
MIAMI FL 33015**

Mailing Address  
**6073 NW 167TH STREET  
STE C-5  
MIAMI FL 33015**

2. Principal Place of Business  
**6073 NW 167th Street**

Suite, Apt. #, etc.  
**Bldg C-5**

City & State  
**Miami, FL**

Zip Country  
**33015 USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0860888**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.  
1290 WESTON ROAD  
SUITE 300  
FT. LAUDERDALE FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **VDST** ☐ Delete  
NAME **MOSS, SYLVIA M**  
STREET ADDRESS **6073 NW 167TH STREET BLDG C-5**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **DP** ☐ Delete  
NAME **MOSS, DAVID M**  
STREET ADDRESS **6073 NW 167TH STREET BLDG C-5**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **V** ☐ Delete  
NAME **WAYNE, BRIAN D**  
STREET ADDRESS **8101 SW 62 CT**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DAVID M. MOSS**

**REQUIRED**

**April 17, 2003 305-825-4500**

Date

Daytime Phone #

CR2E034 (10/02)