## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P98000101620** QUALITY FIRST REALTY CORP. 04-11-2001 90073 008 \*\*\*150.00 Principal Place of Business Mailing Address 7156 SW 47TH STREET 7156 SW 47TH STREET #202 140000 MIAMI FL 33155 MIAMI FL 33155 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE Appiled For City & State City & State 4. FEI Number 65-0881071 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATISTA, PETER Street Address (P.O. Box Number is Not Acceptable) 420 NW 47TH AVE NO. 4 #4 **MIAMI FL 33126** City Zip Code 8. The above named entity submits this statement for the py pose of changing its registered office or registered agent, or both, in the State of Forida SIGNATURE (NOTE: Registered Agent signature redding) when reinstating) Signature, typed or printed name of registers d title if applicable. FILE NOW!!! FEE (S \$150.00 9. This corporation is eligible to satisfy its thangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee with \$5 \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE TITLE BATISTA, MIREYA G NAME NAME 10070 SW 26ST STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition | TITLE TILLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Adaltion Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Change Change Addition De!ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-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 changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR