

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000056439**

1. Entity Name

QUALITY CONDO SERVICES, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90047 016 ***150.00

00020935

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1547 N. FLORIDA MANGO ROAD **1547 N. FLORIDA MANGO ROAD**
UNIT 10-2 **UNIT 10-2**
WEST PALM BEACH FL 33409 **WEST PALM BEACH FL 33409**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0930548**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID, VALERIA
1547 N. FLORIDA MANGO ROAD
UNIT 10-2
WEST PALM BEACH FL 33409

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	DAVID, VALERIA	1547 N. FLORIDA MANGO ROAD, UNIT 10-2 WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	DAVID, ERNEST	1547 N. FLORIDA MANGO ROAD, UNIT 10-2 WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	MITCHELL, VALERIA D	1547 N. FLORIDA MANGO ROAD WEST PALM BEACH FL 33409	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

Date

Daytime Phone #

2-21-01 561-242-8600

CR2E034 (10/00)