

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

Page 1 of 2

DOCUMENT # P99000061820  
1. Entity Name  
Quality Assurance Consulting, Inc.

FILED  
02 MAR 20 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13244 NW 5th Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
13244 NW 5th Terrace  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 05-0933772 Applied For Not Applicable

Zip 33182-1620

Country USA

Zip 33182-1620

Country USA

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 George W. Lopez  
Street Address (P.O. Box Number is Not Acceptable) 13244 NW 5th Terrace  
MIAMI FL 33182-1620  
City MIAMI FL Zip Code 33182-1620

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 George W. Lopez George W. Lopez DATE 02-23-02  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PS  
NAME Lopez, George W  
STREET ADDRESS 13244 NW 5th Terrace MIAMI FL  
CITY-ST-ZIP 33182

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100005193151--  
-04/04/02--01073--010  
\*\*\*\*308.75 \*\*\*\*308.75

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CITY-ST-ZIP  
01-02 UBR

TITLE  
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 on an attachment with an address, with all other like empowered.

SIGNATURE: George W. Lopez DATE 02-23-02 (305) 220-2778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

PAGE 2 of 2

QUALITY ASSURANCE CONSULTING,  
INC.

13244 NW 5th Terrace  
Miami Florida 33182-1620  
305-220-2778  
glopez6109@aol.com

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March 14, 2002

Florida Department of State

Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Friend,

This letter is to inform the secretary that I George Lopez registered agent of QUALITY Assurance Consulting, Inc. did not received the 2001 uniform business report. I did received a notice of administrative dissolution. Please accept my schedule fee included with report.

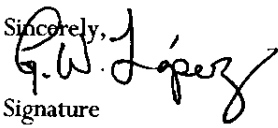
\$300.00 For URB 2001

\$8.75 For certificate of status

ref check # 2246 for \$308.75

Ref: Document number P99000061820 FEI number 650933772

Sincerely,

  
Signature