

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094371

1. Entity Name

QUALITY AVIATION PLUS, INC.

Principal Place of Business

10251 SW 6TH STREET  
MIAMI FL 33174

Mailing Address

10251 SW 6TH STREET  
MIAMI FL 33174-1761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0956715

Applied For

Not Applicable

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

DIAZ, SORAYA

10251 SW 6TH STREET  
MIAMI FL 33174

Name

2. 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 Agents 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	DIAZ, SORAYA	10251 SW 6TH STREET	MIAMI FL 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	DIAZ, EFRAIN	10251 SW 6TH STREET	MIAMI FL 33174	<input type="checkbox"/>	<input type="checkbox"/>
TD	RODRIGUEZ, DULCE	10251 SW 6TH STREET	MIAMI FL 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	RODRIGUEZ, BARBARA	10251 SW 6TH STREET	MIAMI FL 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Efrain Diaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-00  
Date Daytime Phone #

**FILED**  
**Jul 10, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90046 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)