FEB-21-2002 THU 09:57 AM ACCOUNTING OFFICES FAX N(

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90109 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000097251**

1. Entity Name
QUALITY FIRST HOMES V, INC.

B00056711

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
800 N.E. 195TH. #609 N. MIAMI BEACH FL 33179	800 N.E. 195TH. #609 N. MIAMI BEACH FL 33179
2. Principal Place of Business: 1785 NE 162 st	3. Mailing Address: 1785 NE 162 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NMB, Fl.	City & State: NMB, Fl.
Zip: 33179 Country	Zip: 33179 Country

4. FEI Number: 52-2212637 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAMEL, BENNETT
800 N.E. 195TH, #609
N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name: GAMEL, BENNETT
Street Address (P.O. Box Number is Not Acceptable): 412 NE 195th st
City: NMB FL Zip Code: 33179

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) X

[illegible]

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	DPS GAMEL, BENNETT 800 N.E. 195TH, #609 N. MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GAMEL BENNETT 412 NE 195th st. N. MIAMI BEACH, Fl. 33179 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST GAMEL, BENNETT 800 N.E. 195TH, #609 N. MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GAMEL BENNETT 412 NE 195th st N. MIAMI BEACH, Fl. 33179 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 #