

# 2001 UNIFORM BUSINESS REPORT (UBR)

0180877

DOCUMENT # P99000110775

1. Entity Name

AMERICAN QUALITY SERVICES CORPORATION

Principal Place of Business

7500 SW 8 ST. STE. PL-A  
MIAMI FL 33144

Mailing Address

7500 SW 8 ST. STE. PL-A  
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

7500 S.W. 8 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101-A

City & State

City & State

MIAMI, FL - 33144

Zip

Country

Zip

Country

33144

MIAMI-DADE

4. FEI Number

65-0980086

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

CASTELLANOS, HAROLD  
14231 SW 34TH ST  
MIAMI FL 33175

Name

Fileno J. Izquierdo

Street Address (P.O. Box Number is Not Acceptable)

7500 S.W. 8 ST. suite 101-A

City

MIAMI, FL

FL

Zip Code

33144

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 Fileno J. Izquierdo

Signature, typed or printed name of registered agent and title if applicable.

Fileno J. Izquierdo

(NOTE: Registered Agent signature required when reinstating)

01-23-01

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 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	PD CASTELLANOS, HAROLD 14231 SW 34TH ST MIAMI FL 33175	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR FILENO J. IZQUIERDO 7500 S.W. 8 street suite 101-A MIAMI, FL 33144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Fileno J. Izquierdo, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-01- 786-797-4837

Date Daytime Phone #

CR2E034 (10/00)

FILED

01 JAN 31 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE