

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90406 001 *****8.75
04-03-2003 90406 002 ***150.00

DOCUMENT # S03808

1. Entity Name
QUALITY SERVICES INTERNATIONAL, INC.



Principal Place of Business Mailing Address **650010**
~~12921 S.W. 133RD CT.~~ **10530 NW. 37 TERR.** ~~12921 S.W. 133RD CT PO BOX 660351~~
~~MIAMI FL 33186~~ **Miami, FL. 33178** ~~MIAMI FL 33186~~ **Miami, FL. 33265**

2. Principal Place of Business
10530 N.W. 37 TERRACE

3. Mailing Address
P.O. BOX 650010

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0341160**

Applied For
Not Applicable

Zip
33178

Country
U.S.A.

Zip
33265

Country
U.S.A.

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

ALVAREZ, MIGUEL

Name

~~12921 S.W. 133RD CT.~~ **1272 DAYVIEW CIRCLE**
~~MIAMI FL 33186~~ **WESTON, FL. 33326**
10530 N.W. 37 Terrace
Miami, FL 33178

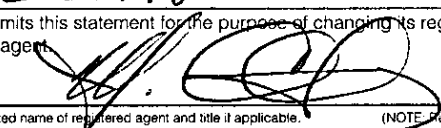
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ALVAREZ, MIGUEL**
STREET ADDRESS **12921 S.W. 133RD CT.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ALVAREZ, CELIA M**
STREET ADDRESS **12921 S.W. 133RD CT.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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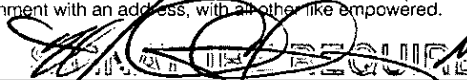
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 **Miguel Alvarez Pres. 03/31/03**

CR2E034 (10/02)