

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

07-03-2003 90034 005 ***150.00

DOCUMENT # S14028

1. Entity Name
QUALITY REBUILT & SERVICES, INC.



Principal Place of Business
**9090 NW SOUTH RIVER DR.
BAY 2
MEDLEY FL 33166**

Mailing Address
**9090 NW SOUTH RIVER DR.
BAY 2
MEDLEY FL 33166**

2. Principal Place of Business
9001 N.W. 97th Terr.

3. Mailing Address
9001 N.W. 97th Terr.

Suite, Apt. #, etc.
Bldg. "C"

Suite, Apt. #, etc.
Bldg. "C"

City & State
Medley, FL

City & State
Medley, FL

Zip
33178

Country

Zip
33178

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0227696**

Applied For
Not Applicable

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

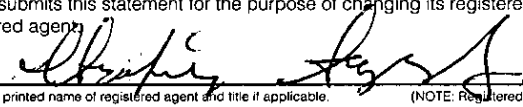
6. Name and Address of Current Registered Agent

**GONZALEZ, IBRAHIN
9090 NW SOUTH RIVER DR.
BAY 2
MEDLEY FL 33163**

7. Name and Address of New Registered Agent

Name
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)

4/28/03
DATE

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

TITLE **DPS** ☐ Delete
NAME **GONZALEZ, IBRAHIN**
STREET ADDRESS **9090 NW S. RIVER DR. #2**
CITY-ST-ZIP **MEDLEY FL 33163**

TITLE **TVRD** ☐ Delete
NAME **GONZALEZ, YOBISMAY**
STREET ADDRESS **6070 W 18TH AVE #123**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **TVRD** ☒ Change ☐ Addition
NAME **GONZALEZ, YOBISMAY**
STREET ADDRESS **684 SW 30th STREET**
CITY-ST-ZIP **Miami, FL 33155**

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

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

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

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

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 all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03

CR2E034 (10/02)