

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S59530**

1. Entity Name

QUALITY SOLUTIONS & SYSTEMS INC.

Principal Place of Business

**13993 S.W. 42 ST
DAVIE FL 33330**

Mailing Address

**13993 S.W. 42 ST
DAVIE FL 33330**

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

65-0268082

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

**MIKLAUSICH, VAL
13993 S.W. 42 ST
DAVIE FL 33330**

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)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D MIKLAUSICH, VAL 13993 S.W. 42 ST DAVIE FL 33330	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Reverse Phone #

05-01-2002 91513 021 ***150.00

FILED S59530
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

38580



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

See attached page for signature

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **559530**

1. Entity Name

QUALITY SOLUTIONS & SYSTEMS INC.
559530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13993 SW 42 St.

Suite, Apt. #, etc.

3. Mailing Address

13993 SW 42 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

65-0268082

Applied For

Not Applicable

Zip

33330

Country

Zip

33330

Country

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

VAL MIKLAYICH

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

13993 SW 42 St.

City

DAVIE

FL

Zip Code **33330**DO NOT WRITE
IN THIS SPACE

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

Val M. Miklayich

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

(NONE) Registered agent signature required when withdrawing

DATE **7/16/02**9. This corporation is eligible to satisfy its biennial
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT VAL M. MIKLAYICH 13993 SW 42 St. DAVIE FL 33330	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE
IN THIS SPACE

CR2504B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

Val M. Miklayich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

(954) 722-7999

Daytime Phone