

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90215 033 ***158.75

0620559 AT

DOCUMENT # V01882

1. Entity Name
QUALITY MANAGEMENT RESOURCES, INC.



Principal Place of Business
725 15TH STREET NW
503
WASHINGTON DC 20005
US

Mailing Address
725 15TH STREET NW
503
WASHINGTON DC 20005
US



2. Principal Place of Business
1333 Green Ct, NW

3. Mailing Address
1333 Green Court, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd FL

2nd FL

City & State
Washington, DC

City & State
Washington, DC

Zip

Zip

20005

20005

Country
USA

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0331120

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

SHIVER, CORNELIUS
103 GRAND AVENUE
MIAMI FL 33133

Name SHIVER, CORNELIUS

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

226 East Flagler St. Suite 200

City Miami

FL

Zip Code 33131

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

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 DP
NAME RAMOS, CARMEN M
STREET ADDRESS 725 15TH STREET NW 503
CITY-ST-ZIP WASHINGTON DC 20005 ☐ Delete

TITLE CEO
NAME RAMOS, CARMEN M.
STREET ADDRESS 1333 Green Court, NW 2nd FL
CITY-ST-ZIP Washington, DC 20005 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *Carmen Ramos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

347-9151

Daytime Phone #

CR2E034 (10/02)