

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90039 023 \*\*\*158.75

**DOCUMENT # P97000093631**

1. Entity Name

**QUALITY IMPROVEMENTS, INC.**

Principal Place of Business

10945 SW 48 ST  
 MIAMI FL 33165

Mailing Address

10945 SW 48 ST  
 MIAMI FL 33165-6114

2. Principal Place of Business

10945 SW 48 st

Suite, Apt. #, etc.

3. Mailing Address

10945 SW 48 st.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

4. FEI Number

65-0822177

Applied For

Not Applicable

Zip

33165

Country

U.S.

Zip

33165

Country

U.S.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

00035528



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOSE W GONZALEZ**  
 10945 SW 48 ST  
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Jose W. Gonzalez

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

10945 SW 48 st.

City

Miami,

FL

Zip Code

33165

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

*Jose W. Gonzalez* (President)

(President)

3-7-00

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 \$150.00**  
**After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/AG	JOSE GONZALEZ	10945 SW 48TH ST (HOUSE)	MIAMI FL 33165	<input type="checkbox"/>
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

*Jose W. Gonzalez*

Jose W. Gonzalez

3-7-00

(305) 986-1468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)