

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90468 048 \*\*\*150.00

0268987 AV

**DOCUMENT # P97000093631**  
 1. Entity Name  
**QUALITY IMPROVEMENTS, INC.**

Principal Place of Business 5120 SW 101 AVE MIAMI FL 33165 US	Mailing Address 5120 SW 101 AVE MIAMI FL 33165 US
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2. Principal Place of Business 5120 SW 101 AV Suite, Apt. #, etc. N/A	3. Mailing Address 8520 NW 15 ct Suite, Apt. #, etc. N/A
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Pembroke Pines, FL	4. FEI Number 65-0822177	Applied For Not Applicable
Zip 33165	Country U.S	Zip 33024	Country U.S

6. Name and Address of Current Registered Agent  
**JOSE W GONZALEZ**  
 5120 SW 101 AVE  
 MIAMI FL 33165

7. Name and Address of New Registered Agent  
 Name **Jose W. Gonzalez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8520 NW 15 ct.**  
 City **Pembroke Pines, FL** Zip Code **33024**

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 DATE 4-1-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P/AG</b> <b>JOSE GONZALES</b> <b>10945 SW 48TH ST (HOUSE)</b> <b>MIAMI FL 33165</b> <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
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	<b>Jose Gonzalez</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8520 NW 15 ct</b> <b>Pembroke Pines, FL 33024</b>
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE: 4-01-02 DAYTIME PHONE #: 954-430-7584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)