2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

348376

1. Entity Name

QUALITY CHEMICAL CO



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90143 015 ***150.00

						- 1					
Principal Place of Business C/O LYNN STONE 1835 N.E. 144 STREET N. MIAMI FL 33181			Mailing Address C/O LYNN STONE 1835 N.E. 144 STREET N. MIAMI FL 33181								
2. Principal F	Place of Business	3. Ma	3. Mailing Address								
Suite, Apt.	. #, etc.	Sui	Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 59-1277843			plied For of Applicable	
Zip Country			Zip Country			5.	Certificate of Status Desired		.75 Ado	fitional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
	*****	لاليواراء الياسونيي			Name						
STONE,LY			Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)				
	. 144TH STREET				****						
NORTH M	IIAMI FL 33161										
					City			FL	Zip Cod	9	
	named entity subnations of registered a		oose of changing its	registere	d office or regis	tered ag	ent, or both, in the State of Florid	a. I am fam	iliar with,	and accept	
SIGNATURE .	Signatura, broad or printe	d name of registered agent and title if ap	NOT.	E: Qagistared	l Agent signature requi	ired when a	oinetating)	DATE			
		·	Till the state of	L. Megistered	Agent signature requi		enstating)	DAIE			
Afte	ILE NOW!!! FEI r May 1, 2003 Feo k Payable to Flori		,				Election Campaign Finan Trust Fund Contribution.	cing		0 May Be I to Fees	
10.		OFFICERS AND DIRECTO	DIRECTORS 11.			ΑĈ	L DDITIONS/CHANGES TO OFFICE	RS AND DI	RECTORS	3 IN 11	
TITLE	PD		☐ Delete	TITLE				С) Change	Addition	
NAME	STONE, LYNN	O.T.		NAME						}	
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TITLE	ST		Delete	TITLE					Change	☐ Addition	
NAME	OPPENHEIN, RI				NAME						
STREET ADDRESS	1835 NE 144 S				STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	MIAMI FL 33181			_					l o		
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increase certain that the information supplied with this filling 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 in address with all other like empowered.

- 505-544-1847 - 20-03

Daytime Phone #