

2001 UNIFORM BUSINESS REPORT (UBR)

0010639 AF

DOCUMENT # L00000010032

1. Entity Name
QUALITY GROWERS ASSOCIATES, LLC

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8180 NW 36TH ST., SUITE 321
MIAMI FL 33166

Mailing Address
8180 NW 36TH ST., SUITE 321
MIAMI FL 33166



2. Principal Place of Business
8180 NW 36th street
Suite, Apt. #, etc.
Suite 319

3. Mailing Address
8180 NW 36th street
Suite, Apt. #, etc.
Suite 319

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33166
Country
USA

City & State
Miami FL
Zip
33166
Country
USA

4. FEI Number
65-1049396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARVAJAL, MARIO
8180 NW 36TH ST., SUITE 321
MIAMI FL 33166

Name
CARVAJAL, MARIO
Street Address (P.O. Box Number is Not Acceptable)
8180 NW 36th Street Suite 319
City
Miami FL Zip Code
33166

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 Mario Carvajal
Signature, typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent Signature required when reinstating)

04-30-01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	CARVAJAL, MARIO	9901 SW 164TH COURT	MIAMI FL 33196	

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)