

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90021 033 *****50.00

DOCUMENT # L02000016690

1. Entity Name

QUALITY PRODUCTS TRADE, L.L.C.



Principal Place of Business

2855 N.W. 112 AVE., BAY #2
MIAMI FL 33172

Mailing Address

2855 N.W. 112 AVE., BAY #2
MIAMI FL 33172

2. Principal Place of Business

170 Ocean Ln. Dr. Suite 405

3. Mailing Address

170 Ocean Ln. Dr. Suite 405

Suite, Apt. #, etc.

Key Biscayne, Fla

Suite, Apt. #, etc.

Key Biscayne Fla.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0736244

Applied For

Not Applicable

Zip

33149

Country

U.S.A.

Zip

33149

Country

U.S.A.

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

J. DAVID PENA & ASSOCIATES
1101 BRICKELL AVE. STE. 1100
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DE ZUBIRIA, ALVARO	
STREET ADDRESS	2855 NW 112 AVE, BAY #2	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	NEIRA, CARLOS	
STREET ADDRESS	2855 NW 112 AVE, BAY #2	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	De Zubiria, Alvaro	
STREET ADDRESS	170 Ocean Ln. Dr. Suite # 405	
CITY-ST-ZIP	Key Biscayne, Fla. 33149	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neira, Carlos	
STREET ADDRESS	170 Ocean Ln. Dr. Suite # 405	
CITY-ST-ZIP	Key Biscayne, Fla. 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Alvaro De Zubiria 04-07-03 305 467-6053

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

Date

Daytime Phone #

CR2E083 (10/02)