2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000005468

1. Entity Name

QUALITY SUPPLY, LLC

Principal Place of Business	Mailing Address
8492 N.W. 17TH STREET. SUITE L MIAMI FL 33126	8492 N.W. 17TH STREET. SUITE L MIAMI FL 33126-1028

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	**4.** FEI Number ☑ Applied For / ☐ Not Applicable
Zip Country	Zip Country	**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**
LEWIS, HAROLD L ONE BISCAYNE TOWER, SUITE 3600 2 SOUTH BISCAYNE BLVD. MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) 600003128876---8 -02/03/00--- Zip 028 ****50.00 ****50.00 City

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 _____

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 Department of State

9.	MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	**TITLE**		☐ Change	☐ Addition
NAME	KIPNIS, DONALD J		**NAME**			
STREET ADDRESS	8492 N.W. 17TH STREET, SUITE L		**STREET ADDRESS**			
CITY-ST-ZIP	MIAMI FL 33126		**CITY-ST-ZIP**			
TITLE	MGR	☐ Delete	**TITLE**		☐ Change	☐ Addition
NAME	KIBLER, LAWRENCE L		**NAME**			
STREET ADDRESS	8492 N.W. 17TH STREET, SUITE L		**STREET ADDRESS**			
CITY-ST-ZIP	MIAMI FL 33126		**CITY-ST-ZIP**			
TITLE		☐ Delete	**TITLE**		☐ Change	☐ Addition
NAME			**NAME**			
STREET ADDRESS			**STREET ADDRESS**			
CITY-ST-ZIP			**CITY-ST-ZIP**			
TITLE		☐ Delete	**TITLE**		☐ Change	☐ Addition
NAME			**NAME**			
STREET ADDRESS			**STREET ADDRESS**			
CITY-ST-ZIP			**CITY-ST-ZIP**			
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NAME			**NAME**			
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CITY-ST-ZIP			**CITY-ST-ZIP**			
TITLE		☐ Delete	**TITLE**		☐ Change	☐ Addition
NAME			**NAME**			
STREET ADDRESS			**STREET ADDRESS**			
CITY-ST-ZIP			**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #