

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90036 019 \*\*\*150.00

**DOCUMENT # M51513**

1. Entity Name  
**QUALITY MUFFLERS, INC.**

Principal Place of Business

**6440 BIRD ROAD  
 MIAMI FL 33155  
 US**

Mailing Address

**6440 BIRD RD.  
 MIAMI FL 33196  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0004817**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALARESE, ROBERTO  
 6440 BIRD ROAD  
 MIAMI FL 33155**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☐ Delete  
 NAME **CALARESE, ROBERTO**  
 STREET ADDRESS **2547 JARDIN LANE**  
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **DPS** ☒ Change ☐ Addition  
 NAME **CALARESE ROBERTO**  
 STREET ADDRESS **531 NW 205th AVE.**  
 CITY-ST-ZIP **PEMBROKE PINES - FL 33029**

TITLE **VP** ☐ Delete  
 NAME **ASIKIAN, HORES M**  
 STREET ADDRESS **2547 JARDIN LN**  
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **ASIKIAN, HORES M.**  
 STREET ADDRESS **531 NW 205th AVE.**  
 CITY-ST-ZIP **PEMBROKE PINES - FL 33029**

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 which is other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-02**

Date

Daytime Phone #

CR2E034 (9/01)