

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83377

1. Entity Name

FIRST QUALITY, INC.

Principal Place of Business

3409 BAY TO BAY BLVD
TAMPA FL 33629
US

Mailing Address

3409 BAY TO BAY BLVD
TAMPA FL 33629
US

2. Principal Place of Business

6922 N. THATCHER AVE
Suite, Apt. #, etc.

3. Mailing Address

6922 N. THATCHER AVE
Suite, Apt. #, etc.

REINSTATEMENT

City & State

TAMPA FLA

City & State

TAMPA FLA

4. FEI Number

59-2899708

Applied For

Not Applicable

Zip

33614

Country

USA

Zip

33614

Country

USA

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

FUENTES, DENNIS M.
6922 N. THATCHER AVE.
TAMPA FL 33614

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

Dennis M. Fuentes

Dennis M. FUENTES 9-26-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PS
NAME FUENTES, DENNIS M
STREET ADDRESS 6922 N. THATCHER AVE.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE VPT
NAME FUENTES, HAE YOUNG
STREET ADDRESS 6922 N. THATCHER AVE.
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003419967-2
-10/10/00-01011-002
****750.00 ****750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
KE

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, with all other like empowered.

SIGNATURE:

Dennis M. Fuentes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis M. FUENTES 9/26/00

Date

Daytime Phone #

FILED

00 SEP 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

00

813-888-5398