2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 08, 2001 8:00 am Secretary of State DOCUMENT # P0000014944 1. Entity Name QUICK SALE INVESTMENTS, INC. 03-08-2001 90135 041 ***150.00 Mailing Address Principal Place of Business 440 NW 98TH COURT 440 NW 98TH COURT UUU43333 MIAMI FL 33172 MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business 15010 SW 16 STREET 15010 SW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable - 65· 0987827 418111 41214 \$8.75 Additional 5. Certificate of Status Desired Fee Required 3302 33027 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, BLANE Street Address (P.O. Box Number is Not Acceptable) 440 NW 98TH COURT **MIAMI FL 33172** 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 3-6-01 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Defete NAME NAME MYERS, BLANE 15010 SWIG STREET PENPROKE PINES, FT 33027 STREET ADORESS STREET ADDRESS 440 NW 98TH COURT CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33172** ☐ Addition ☐ Delete TITLE TITLE NAME MOLIERI, EDDIE NAME STREET ADDRESS 1739 SW 138TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI: FL 33175** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: 1

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-200

954 - 704 - 2568

☐ Change

■ Addition

Daytim