FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT# P00000047489
1. Entity Name

FIRST QUALITY MOTORS INC.



04 FEB -3 AM 11: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Sunrise, FL Zip 33323 Country Zip 33323 Country Sunrise, FL Zip 33323 Country Sunrise, FL Zip 33323 Country 5. Certificate of Status Desired Sequired Fee Required Fee Required Thame Susan Barazani Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 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 the obligations of registored agent.	ied For Applicable onal
City & State Sunrise, FL Zip 33323 Country Zip 33323 Country Zip 33323 Country Susan Barazani Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.	Applicable
Sunrise, FL Sunrise Susan Barazani Street Address (P.O. Box Number is Not Acceptable) 3100 N.W. 122nd Avenue City Sunrise FL Sunrise Sunrise, FL Sunrise FL Sunrise FL Sunrise Sun	Applicable
33323 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Susan Barazani Street Address (P.O. Box Number is Not Acceptable) 3100 N.W. 122nd Avenue City Sunrise FL 33323 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 the obligations of registered agent.	pnal
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 3100 N.W. 122nd Avenue City Sunrise FL 33323 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 the obligations of registored agent.	
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) 3100 N.W. 122nd Avenue City Sunrise FL 33323 8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registored agent.	
IN THIS SPACE 3100 N.W. 122nd Avenue City Sunrise FL 333223 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 the obligations of registered agent.	
City Sunrise FL 33323 8. The above named entity submits this platement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.	
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 the obligations of registered agent.	(
the obligations of registered agent	d accept
300028162283 Susan Barazi 02/03/04-01065-017 ***450	
SIGNATURE Signature, typed or pre-tied name of registered agent and other if applicable. (NOTE: Registered Agent signature required when relinations) Signature 1/2/03/04-01065-017 **450.	<u> </u>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS	Naci della d
TITLE PD TITLE NAME Susan Barazani SIREET ADDRESS CITY-SI-ZIP Sunrise, FL 33323 TITLE TITLE NAME SIREET.ADDRESS CITY-SI-ZIP	CR2E034B (12/02)
TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CR2E0
TITLE IMAME IMAGE	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME IN THIS SPACE STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE NAME NAME	4
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
12. Thereby 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 certify that the information 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 10 or cattachment with an address, with all other like empowered.	mation director on an
SIGNATURE: Susan Barazani 1-26-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylor Phone #	l

First Quality Motors, Inc. 3100 N.W. 122nd Avenue Sunrise, FL 33323

1/29/2004

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: P00000047489

To Whom It May Concern:

It has just come to my attention that my corporation has been dissolved for not filing its 2003 Uniform Business Report.

My mailing address has changed, and I never received my renewal documents.

Enclosed is a report that I have filled out, along with a check for \$450.00 in order to coverthe cost of filing for 2002, 2003 and 2004 filing fees.

Please accept this in full satisfaction of my filing requirements and abate any penalty that I may have been assessed.

Thank you,

Susan-Barazani

President '